

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90043 017 ****61.25

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1. Entity Name
WEST FLORIDA Y RUNNERS CLUB, INC.



Principal Place of Business
1005 S. HIGHLAND
CLEARWATER, FL 33756 US

Mailing Address
1005 S. HIGHLAND
CLEARWATER, FL 33756 US



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARNHAM, KAREN
4308 AUSTON WAY
PALM HARBOR, FL 34685

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, MICHAEL 5217 ENCLAVE R OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELIA, MARY 3253 PINE FOREST DR PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHERIDAN, JAN 2450 GULFBREEZE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COURCHANE, ANN 478 OLD OAK CIR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann M. Courchane Treasurer

1/29/08 727-455-5395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #