4-18-97 B-4951 C

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NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003993 (0)

1. Corporation Name

THE WESTCOAST CENTER FOR HUMAN DEVELOPMENT OF GA INESVILLE, INC.

Principal Place of Business	Mailing Address
1306 NW 99TH TER. GAINESVILLE FL 32606	1306 NW 99TH TER. GAINESVILLE FL 32606-8002

3. Date Incorporated or Qualified: **07/31/1996**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 6529 NW 39th AVENUE
Suite, Apt. #, etc.
22
City & State
23 GAINESVILLE, FL
Zip 24 32606 Country 25 USA

2a. Mailing Address
26 PO BOX 2554
Suite, Apt. #, etc.
27
City & State
28 GAINESVILLE, FL
Zip 29 32601-2554 Country 30 USA

4. FEI Number: 59-3391905 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COWART, JOHN S
1306 NW 99TH TER.
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTER, HENRY L 403 N. WASHINGTON BLVD. SARASOTA FL 34236	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P PORTER, HENRY L. 403 N. WASHINGTON BLVD. SARASOTA, FL 34236	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLEMING, WALTER L JR. 3005 NW 76 TER. GAINESVILLE FL 32606	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V COWART, JOHN S. 1306 NW 99TH TER. GAINESVILLE, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUBBS, PATRICIA A 5922 NW 27TH TER. GAINESVILLE FL 32653	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S WALKER, BRIDGET L. 5922 NW 27TH TER. GAINESVILLE, FL 32653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWART, JOHN S 1306 NW 99TH TER. GAINESVILLE FL 32606	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T FLEMING, WALTER L. 3005 NW 76TH TER. GAINESVILLE, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, BRIDGET L 5922 NW 27TH TER. GAINESVILLE FL 32606	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D MURRAY, WALLACE T. 403 N. WASHINGTON BLVD. SARASOTA, FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE, ANTHONY F 7604 NW 37TH PL. GAINESVILLE FL 32606	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bridget L Walker REQUIRED BRIDGET L. WALKER 4-11-97 352-392-1991 EXT 505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone