

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

04-20-1999 90071 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003993					
1. Corporation Name THE WESTCOAST CENTER FOR HUMAN DEVELOPMENT OF GAINESVILLE, INC.					
Principal Place of Business 6529 NW 39TH AVE GAINESVILLE FL 32606 US			Mailing Address PO BOX 2554 GAINESVILLE FL 32601-2554 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3391905	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COWART, JOHN S 1306 NW 99TH TER. GAINESVILLE FL 32606				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

14. I 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, with all other like empowered.

SIGNATURE: Bridget L. Walker **BRIDGET L. WALKER** 4-14-99 352-392-1991 (x215)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #