

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 10, 1999 8:00 am  
Secretary of State

08-10-1999 90013 021 \*\*\*\*61.25

0046677

DOCUMENT # N98000004655

1. Corporation Name

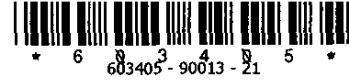
WESTERN COMMUNITIES TOURISM ALLIANCE, INC.

Principal Place of Business

425 W. CANAL ST. N.  
BELLE GLADE FL 33430

Mailing Address

425 W. CANAL ST. N.  
BELLE GLADE FL 33430



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/10/1998

4. FEI Number

65-086298-1

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

9. Name and Address of Current Registered Agent

THATCHER, DEBORAH  
425 W. CANAL ST. N.  
BELLE GLADE FL 33430

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DC  
PALMER, VIVIAN  
STREET ADDRESS P.O. BOX 1062  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ DELETE

NAME DVC  
THOMPSON, ALICE  
STREET ADDRESS 115 E. MAIN ST.  
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ DELETE

NAME D  
PENUEL, DANIELLE  
STREET ADDRESS 540 S. MAIN ST.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ DELETE

NAME T  
SCHENCK, KEN  
STREET ADDRESS 171 N. LAKE AVE.  
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ DELETE

NAME D  
MOORE-WILLIAMS, AUTRIE  
STREET ADDRESS 425 W. CANAL ST. N.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☒ DELETE

NAME D  
TEETS, SUE  
STREET ADDRESS 110 N.E. AVE. E  
CITY-ST-ZIP BELLE GLADE FL 33430

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-99

Date

561-753-0682

Daytime Phone #

CR2E037 (11/98)