

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90001 037 \*\*\*\*70.00

**DOCUMENT # N98000006333**

1. Entity Name  
**WESTCOAST CHAMPS INC.**



Principal Place of Business  
**1802 4TH AVE. WEST  
PALMETTO, FL 34221**

Mailing Address  
**1802 4TH AVE. WEST  
PALMETTO, FL 34221**

**54055553**



2. Principal Place of Business  
**1151 Four Seasons Circle**

3. Mailing Address  
**P.O. Box 431**

04282004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.  
**134**

Suite, Apt. #, etc.

City & State  
**Sarasota**

City & State  
**Sarasota, FL**

4. FEI Number  
**65-0873940**

Applied For  
Not Applicable

Zip  
**34234**

Country  
**U.S.**

Zip  
**34234**

Country  
**U.S.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RILEY, MADELYN  
1802 4TH AVE. WEST  
PALMETTO, FL 34221**

Name  
**Riley, madelyn**

Street Address (P.O. Box Number is Not Acceptable)  
**1151 Four Seasons Circle #134**

City  
**Sarasota**

FL

Zip Code  
**34234**

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCKINNON, CAROLYN**  
CITY-ST-ZIP **1524 20 ST  
SARASOTA, FL 34236**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Hicks, Samuel**  
CITY-ST-ZIP **5589 Forester Lake Dr.  
Sarasota, FL 34243**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **HOLLIMAN, EDNA**  
CITY-ST-ZIP **3021 LOCKWOOD CIR.  
SARASOTA, FL 34234**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JACOBS, NATHANIEL**  
CITY-ST-ZIP **P.O. BOX 1086  
SARASOTA, FL 34230**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **HENDON, MARVIN**  
CITY-ST-ZIP **10519 CHEVAL PLACE  
BRADENTON, FL 34202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **DANIELS, CHARLES**  
CITY-ST-ZIP **310 N BRINK AVE  
SARASOTA, FL 34237**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DANIELS, FLORINE**  
CITY-ST-ZIP **310 N BRINK AVE  
SARASOTA, FL 34237**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: Madelyn Riley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24, 2004 (941) 962-4594  
Date Daytime Phone #