

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90007 029 ****70.00

DOCUMENT # N98000006333

1. Entity Name
WESTCOAST CHAMPS INC.



Principal Place of Business
1877 4th Street
SARASOTA, FL 34236

Mailing Address
P.O. BOX 431
SARASOTA, FL 34234

40127631



07202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0873940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, MADELYN
1877 4th Street
SARASOTA, FL 34236

**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 September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKINNON, CAROLYN
STREET ADDRESS	1524 20 ST
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	D
NAME	HICKS, SAMUEL
STREET ADDRESS	5589 FORESTER LAKEDR.
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	D
NAME	JACOBS, NATHANIEL
STREET ADDRESS	P.O. BOX 1086
CITY - ST - ZIP	SARASOTA, FL 34230
TITLE	D
NAME	DANIELS, FLORINE
STREET ADDRESS	310 N BRINK AVE
CITY - ST - ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

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

7/27/07 (941)
Date Daytime Phone #

902-45921