

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006333

FILED  
Jan 30, 2008  
Secretary of State

Entity Name: WESTCOAST CHAMPS INC.

## Current Principal Place of Business:

1877 4TH STREET  
SARASOTA, FL 34234

## New Principal Place of Business:

1524 20 TH STREET  
SARASOTA, FL 34234

## Current Mailing Address:

P.O. BOX 431  
SARASOTA, FL 34234

## New Mailing Address:

FEI Number: 65-0873940      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RILEY, MADELYN  
1877 4TH STREET  
SARASOTA, FL 34236      US

## Name and Address of New Registered Agent:

RILEY, MADELYN E  
1524 20 TH STREET  
SARASOTA, FL 34234      US

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.

SIGNATURE: MADELYN E. RILEY

01/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: MCKINNON, CAROLYN  
Address: 1524 20 ST  
City-St-Zip: SARASOTA, FL 34236

Title: D      ( ) Delete  
Name: HICKS, SAMUEL  
Address: 5589 FORESTER LAKEDR.  
City-St-Zip: SARASOTA, FL 34243

Title: D      ( ) Delete  
Name: JACOBS, NATHANIEL  
Address: P.O. BOX 1086  
City-St-Zip: SARASOTA, FL 34230

Title: D      ( ) Delete  
Name: DANIELS, FLORINE  
Address: 310 N BRINK AVE  
City-St-Zip: SARASOTA, FL 34237

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P      ( ) Change (X) Addition  
Name: RILEY, MADELYN E  
Address: 1524 20 TH STREET  
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELYN E. RILEY

P

01/30/2008

Electronic Signature of Signing Officer or Director

Date