

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007297

FILED
Apr 28, 2009
Secretary of State

Entity Name: WESTMINSTER COMMUNITY CARE SERVICES, INC.

Current Principal Place of Business:

360 CENTRAL AVE.
STE. 1550
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

360 CENTRAL AVE.
STE. 1550
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 31-1637590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN, PA
360 CENTRAL AVENUE
SUITE 1550
ST PETERSBURG, FL 33071 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MADONNA, HARRY
Address: 360 CENTRAL AVE, STE. 1550
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: SCHMOLLINGER, ADRIENNE
Address: 20825 PINEHURST GREENS DR
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: WHITEHEAD, JAMES
Address: 741 GREENBRIAR AVE.
City-St-Zip: DAVIE, FL 33325

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MADONNA, HARRY
Address: 360 CENTRAL AVE, STE. 1550
City-St-Zip: SAINT PETERSBURG, FL 33701

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

Title: D (X) Change () Addition
Name: HALL, LYLE
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Change (X) Addition
Name: DUDLEY, NATE
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Change (X) Addition
Name: RICHMOND, PENNY
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701 US

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: HARRY DILLON MADONNA

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date