2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

03-19-2007 90063 005 ****61.25 DOCUMENT # N99000001583 FLORIDA WEST COAST RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC. 40037222 Principal Place of Business Mailing Address 945 25TH DRIVE EAST 945 25TH DRIVE EAST SUITE 11 SUITE 11 ELLENTON, FL 34222 ELLENTON, FL 34222 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03052007 Cha-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Numb 31-1654804 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONNOR, JR. JOHN J. 11075 TAYLOR GRADE ROAD Street Address (P.O. Box Number is Not Acceptable) DUETTE, FL 33834-6866 City Zip Code 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Florida Department of State Trust Fund Contribution Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE TITLE ☐ Delete O CONNOR JR, JOHN J O'CONNOR JR, JOHN J NAME NAME 11075 TAYLOR GRADE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUETTE, FL 338346866 CITY-ST-ZIP ELLENTON , FL TITLE THLE Delete CARROLL, RICHARD 945 25TH DR E, STE 11 HUNSICKER, CHARLIE NAME NAME STREET ADDRESS PO BOX 1000 STREET ADDRESS BRADENTON, FL 34206 CITY-ST-ZIP ELLENTON, FL 34222 CHY-SI-ZIP HILE ☐ Delete TITLE SAME SOSADEETER, MIKE NAME NAME 945 25TH DR E, STE 11 STREET ADDRESS 4048 QLIVE AVE. STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ELLENTON, FL 34222

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.

TITLE

NAME

THELE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ALLEYNE, JOHN DR.

13285 129 TH LANE N.

LARGO, Ph 33778

TITLE

NAME

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TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

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☐ Delete

Sosadoeter 3/15/07 Michael C

SAME

945 25TH DRE, STEIL

945 ASTH DRE,

ELLENTON. FL

ELLENTON, FL 34222

GREGOV, DR. CAROLYN A

FILED Mar 19, 2007 8:00 am Secretary of State

Change Addition

Change X Addition

34222

941-742-5923