


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000001583 1. Entity Name FLORIDA WEST COAST RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.	
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Principal Place of Business 945 25TH DRIVE EAST SUITE 11 ELLENTON, FL 34222	Mailing Address 945 25TH DRIVE EAST SUITE 11 ELLENTON, FL 34222
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01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1654804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNOR, JR, JOHN J
11075 TAYLOR GRADE ROAD
DUETTE, FL 33834-6866

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR JR, JOHN J 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, RICHARD 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOSADEETER, MIKE 945 25TH DR E STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEYNE, JOHN DR. 945 25TH DR E STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGON, DR. CAROLYN A 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ALAN 945 25TH DR E, STE 11 ELLENTON, FL 34222

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02/27/08-80072-001 61.25

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08

Date

863 866-3307

Daytime Phone #