

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005476

Entity Name: WECOACH, INC.**Current Principal Place of Business:**1605 MAIN ST STE 710
SARASOTA, FL 34238**Current Mailing Address:**65 WASHINGTON ST
#237
SANTA CLARA, CA 95050 US**FEI Number:** 20-0059540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAGLIO CHRISTOPHER & TOALE, PA
C/O CHRISTINA UNKEL
1605 MAIN ST STE 710
SARASOTA, FL 34238 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name REYNAUD, CECILE DR.
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name LAVOI, NICOLE
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name ROE LACH, JULIE
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title INCOMING PRESIDENT, SECRETARY
Name GREEN, CHARMELE
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title TREASURER
Name KERANS, LORI
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name KING, ELIZABETH
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name MURPHY, M. DIANNE
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title EXECUTIVE DIRECTOR
Name KAHN, MEGAN
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

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I hereby 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 all other like empowered.

SIGNATURE: LAURA MYERS**DIRECTOR OF BUSINESS OPERATIONS** 03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORUM, DEBBIE
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title OTHER, DIRECTOR OF BUSINESS OPERATIONS
Name MYERS, LAURA
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name EVANS, JO
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name BJORNSRUD, MARLENE
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name RICHARDSON, NONA
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name ESCOBEDO, KARI
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name MISSELHORN, AMANDA
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name OWENS, CAROL
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name GOULD, TERESA
Address 1605 MAIN ST STE 710
City-State-Zip: SARASOTA FL 34238