

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 310347

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** WAFH CORP. OF CLEWISTON

**Current Principal Place of Business:**

1403 W AVENUE A  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

1403 W AVENUE A  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 59-1151081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARTON, LISA  
1403 W AVENUE A  
BELLE GLADE, FL 33430 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:** PD  
**Name:** HOOKS,RUDOLPH SR.,  
**Address:** 1500 W CANAL ST  
**City-St-Zip:** BELLE GLADE, FL

**Title:** TSD  
**Name:** BARTON, LISA A  
**Address:** 616 SE 9TH ST  
**City-St-Zip:** BELLE GLADE, FL 33430

**Title:** D  
**Name:** ACREE,MICKEY K  
**Address:** 5TH ST & RAILROAD AVE  
**City-St-Zip:** MOOREHAVEN, FL

**Title:** VP  
**Name:** LEWIS, DORIS  
**Address:** 1401 W. AVE A.  
**City-St-Zip:** BELLE GLADE, FL 33430

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LISA BARTON

SEC

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date