2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N00000006837

Entity Name: WEST END COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2860 BARNES ST
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

PO BOX 5815
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-3686185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAY, MAURICE M
2818 ORANGE ST
MARIANNA, FL 32448 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:	P	( ) Delete
Name:	WALKER, JOHN	
Address:	2863 BORDEN ST	
City-St-Zip:	MARIANNA, FL 32448	
Title:	D	( ) Delete
Name:	WHITEHURST, STAN	
Address:	4222 HICKORY LANE	
City-St-Zip:	MARIANNA, FL 32448	
Title:	D	( ) Delete
Name:	KELLY, LEON	
Address:	3604 BUMPNOSE ROAD	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	MILTON, HOWARD	
Address:	4215 HICKORY LANE	
City-St-Zip:	MARIANNA, FL 32448	
Title:	TD	( ) Delete
Name:	PENDER, SARAH	
Address:	2638 PENNSYLVANIA AVE	
City-St-Zip:	MARIANNA, FL 32448	
Title:	SD	( ) Delete
Name:	CLAY, MAURICE M	
Address:	2818 ORANGE ST	
City-St-Zip:	MARIANNA, FL 32448	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAURICE M. CLAY SD 05/03/2005

Electronic Signature of Signing Officer or Director — Date