

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006837

FILED  
May 04, 2010  
Secretary of State

**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:**

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

CLAY, MAURICE M  
3775 OLD US ROAD  
MARIANNA, FL 32446      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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RHODES, MYRTLE  
Address: 2983 EVA MAE STREET  
City-St-Zip: MARIANNA, FL 32448

Title: SD  
Name: CLAY, CHALULLAH G  
Address: 4073 ENGLISH ROAD  
City-St-Zip: MARIANNA, FL 32448

Title: D  
Name: KELLY, LEON  
Address: 3604 BUMPNOSE ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: VD  
Name: CLEMMONS, LADON D  
Address: 1090 SEASHORE AVENUE  
City-St-Zip: ALFORD, FL 32420

Title: TD  
Name: EPHRIAM, TRAVIS H  
Address: 4253 CEDAR STREET  
City-St-Zip: MARIANNA, FL 32448

Title: D  
Name: CLAY, MAURICE M  
Address: 3775 OLD US ROAD  
City-St-Zip: MARIANNA, FL 32446

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: MAURICE M. CLAY

D

05/04/2010

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

\_\_\_\_\_  
Date