

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007658

FILED
Apr 30, 2004
Secretary of State**Entity Name:** WEST END ENVIRONMENT-BEACHES OF BAY, INC.**Current Principal Place of Business:**244 MAGNOLIA DR
LAGUNA BEACH, FL 32413**New Principal Place of Business:****Current Mailing Address:**244 MAGNOLIA DR
LAGUNA BEACH, FL 32413**New Mailing Address:****FEI Number:** 22-3880820**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MINER, NELSON
244 MAGNOLIA DR
LAGUNA BEACH, FL 32413 US**Name and Address of New Registered Agent:**MINER, NELSON E
244 MAGNOLIA DR
LAGUNA BEACH, FL 32413 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: NELSON E. MINER

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MINER, NELSON
Address: 244 MAGNOLIA DR
City-St-Zip: LAGUNA BEACH, FL 32413

Title: VD () Delete
Name: HINMAN, LEE
Address: 244 MAGNOLIA DR
City-St-Zip: LAGUNA BEACH, FL 32413

Title: DS () Delete
Name: FINLAYSON, CAROLYN
Address: 244 MAGNOLIA DR
City-St-Zip: LAGUNA BEACH, FL 32413

Title: DT () Delete
Name: HARMON, BARBARA
Address: 244 MAGNOLIA DR
City-St-Zip: LAGUNA BEACH, FL 32413

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change () Addition
Name: FINLAYSON, CAROLYN
Address: 244 MAGNOLIA DR
City-St-Zip: LAGUNA BEACH, FL 32413

Title: DTS (X) Change () Addition
Name: MINER, BARBARA
Address: 244 MAGNOLIA DR
City-St-Zip: LAGUNA BEACH, FL 32413

Title: D () Change (X) Addition
Name: QUERENGESSER, SUSIE
Address: 244 MAGNOLIA DR
City-St-Zip: LAGUNA BEACH, FL 32413 US

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: NELSON E. MINER

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date