

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009729

1. Entity Name
WEST END STOP ANNEXATION COMMITTEE, INC.



Principal Place of Business
**234 TWIN LAKE DR
LAGUNA BEACH, FL 32413**

Mailing Address
**P O BOX 7490
LAGUNA BEACH, FL 32413**



03052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1153452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LETCHWORTH, IRENE
234 TWIN LAKE DR
LAGUNA BEACH, FL 32413**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Irene Letchworth

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000670059
03/27/07-80098-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMON, BARBARA 109 16TH STREET LAGUNA BEACH, FL 32413
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NIST, DOTTIE 21323 CARIBBEAN LN LAGUNA BEACH, FL 32413
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LETCHWORTH, IRENE 234 TWIN LAKES DR LAGUNA BEACH, FL 32413
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Irene Letchworth Irene Letchworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

DATE

860-230-8267

Daytime Phone #