

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009729

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** WEST END STOP ANNEXATION COMMITTEE, INC.

**Current Principal Place of Business:**

234 TWIN LAKE DR  
LAGUNA BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7329  
LAGUNA BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 57-1153452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LETCHWORTH, IRENE  
234 TWIN LAKE DR  
LAGUNA BEACH, FL 32413 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:** HARMON, BARBARA  
**Address:** 109 16TH STREET  
**City-St-Zip:** LAGUNA BEACH, FL 32413

**Title:** SD  
**Name:** NIST, DOTTIE  
**Address:** 21323 CARIBBEAN LN  
**City-St-Zip:** LAGUNA BEACH, FL 32413

**Title:** TD  
**Name:** LETCHEWORTH, IRENE  
**Address:** 234 TWIN LAKES DR  
**City-St-Zip:** LAGUNA BEACH, FL 32413

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:** LETCHEWORTH, IRENE

TD

04/05/2011

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

\_\_\_\_\_  
Date