## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004245

Entity Name: WES.O.A.R., INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7690 NE 190TH AVENUE WILLISTON, FL 32696 **Current Mailing Address: New Mailing Address:** 7690 NE 190TH AVENUE WILLISTON, FL 32696 FEI Number: 56-2585612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, MIMI **7690 NE 190TH AVENUE** WILLISTON, FL 32696 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, MIMI R Name: Name: 7690 NE 190TH AVENUE Address: Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: Title: ( ) Delete () Change () Addition JOHNSON, ALVIN L SR. Name: Name: Address: 7690 NE 190TH AVENUE Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: () Delete Title: () Change () Addition BERNARD, FANNIE Name: Name: Address: 2113 NE 200TH AVENUE Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: CLAYTON, VERNELL Name: HENDERSON, BERTHA L 11570 NE 106TH COURT Address: Address: 17013 SW 147TH AVENUE City-St-Zip: ARCHER, FL 32618 City-St-Zip: ARCHER, FL 32618 Title: () Delete Title: () Change () Addition LAW, SOUNDRY K Name: Name: 3561 NE 212TH COURT Address: Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CLAYTON, VERNELL HENSON, DANA Name: Name: Address: POST OFFICE BOX 1069 Address: 11570 NE 106TH COURT ARCHER, FL 32618 ARCHER, FL 32618 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MIMI R. JOHNSON PRES 04/30/2009