

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33837

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: WELLBORN COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1340 8TH AV S  
WELLBORN, FL 32094 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11  
WELLBORN, FL 32094 US

**New Mailing Address:**

FEI Number: 71-1047457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SNOWDEN, WENDELL  
3302 - 104TH STREET  
WELLBORN, FL 32094 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: P ( ) Delete  
Name: SNOWDEN, WENDELL  
Address: 3302 - 104TH STREET  
City-St-Zip: WELLBORN, FL 32094

Title: VP ( ) Delete  
Name: ALLRED, JACK  
Address: 213 - 9TH AVENUE  
City-St-Zip: WELLBORN, FL 32094

Title: T ( ) Delete  
Name: BEZAIRE, JIM  
Address: 16615 - 35TH PLACE  
City-St-Zip: WELLBORN, FL 32094

Title: S ( ) Delete  
Name: DYE, LINDA  
Address: 12093 CR 137  
City-St-Zip: WELLBORN, FL 32094

Title: 2VP ( ) Delete  
Name: GAYLORD, JACK  
Address: 203 - 11TH AVE.  
City-St-Zip: WELLBORN, FL 32094

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, CHRISTINE  
Address: 3196 - 104TH STREET  
City-St-Zip: WELLBORN, FL 32094

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

Title: 2VP (X) Change ( ) Addition  
Name: OSGOOD, CHARLES  
Address: 5987 - 112TH PLACE  
City-St-Zip: LIVE OAK, FL 32060

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: WENDELL SNOWDEN

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date