

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90006 035 \*\*\*\*70.00

**DOCUMENT # 702143**

1. Entity Name  
**WESLEY MANOR, INC.**



Principal Place of Business  
**80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801**

Mailing Address  
**80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801 US**

**54007966**



01092004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0872675**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KEITH, HENRY T  
80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SIMMONS, G BALLARD  
STREET ADDRESS 80 WEST LUCERNE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE EVP  
NAME EMERSON, JAMES F  
STREET ADDRESS WEST LUCERNE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE SD  
NAME GAY, WILLIAM W  
STREET ADDRESS 80 WEST LUCERNE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D  
NAME WOOLSLEY, CARYL  
STREET ADDRESS 80 WEST LUCERNE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE T  
NAME KEITH, HENRY T  
STREET ADDRESS 80 WEST LUCERNE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D  
NAME BRYAN, J. SHEPARD JR  
STREET ADDRESS 80 WEST LUCERNE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32801

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-12-2004**

Date

**407-839-5050**

Daytime Phone #

**James F. Emerson**