

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	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

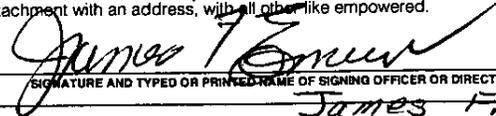
9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, G BALLARD 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP EMERSON, JAMES F WEST LUCERNE CIRCLE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, WILLIAM W 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLSLEY, CARYL 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEITH, HENRY T 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, J. SHEPARD JR 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801

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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:  **02-12-2004** **407-839-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 James F. Emerson