


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90402 018 ****61.25

DOCUMENT # 740180	
1. Entity Name WHISPERING PINES VILLAGE, INC.	

Principal Place of Business 120 E. COLONIAL DR. ORLANDO FL 32801 US	Mailing Address 120 E. COLONIAL DR. ORLANDO FL 32801 US
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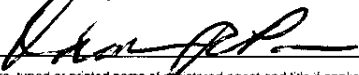
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1921494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
PIERCE, DAVID R FIRST CAPITAL 602 EAST CHURCH STREET ORLANDO FL 32801	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME KERBIA, ALMA STREET ADDRESS 117 RAINTREE DR CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME ROBINSON, CAROL STREET ADDRESS 112 RAINTREE DR. CITY-ST-ZIP LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR - VICE PRES NAME JOHN UNDO STREET ADDRESS 110 BRIDLEWOOD LN CITY-ST-ZIP LONGWOOD, FL 32779
TITLE P	NAME BLOOM, BONNIE STREET ADDRESS 121 BRIDLEWOOD LANE CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME ESKIN, DONALD STREET ADDRESS 128 WOODMILL RD CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME COLLINS, JACQUELN STREET ADDRESS 301 HUMMINGBIRD LN CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			

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:  **25 MARCH '04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #