

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740180

FILED
Apr 18, 2012
Secretary of State

Entity Name: WHISPERING PINES VILLAGE, INC.

Current Principal Place of Business:

206 S. ELM AVENUE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

206 S. ELM AVENUE
SANFORD, FL 32771 US

New Mailing Address:

P O BOX 1569
SANFORD, FL 32772 US

FEI Number: 59-1921494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL ABOUT MANAGEMENT, INC.
206 S. ELM AVENUE
SANFORD, FL 32771 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: SEC
Name: SILVER, MORTON
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: VP,D
Name: ULLRICH, DON
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: P
Name: BLOOM, BONNIE
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: T
Name: ESKIN, DONALD
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: D
Name: COLLINS, JACKIE
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772 US

I hereby 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 all other like empowered.

SIGNATURE: BONNIE BLOOM

PRES

04/18/2012

Electronic Signature of Signing Officer or Director

Date