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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # 738152 (8)

1. Corporation Name
WHISPERING PALMS SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
10305 US 1 SEBASTIAN FL 32958	10305 US 1 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1977
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1752374 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COY, LAWRENCE
102 EDWARD DR.
SEBASTAIN FL 32958

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	V	☐ Change ☒ Addition
NAME	ROBERT, WATKINS	1.2 NAME	BERNARD MASSIE	
STREET ADDRESS	118 JIMMY ST	1.3 STREET ADDRESS	166 RICHARD ST	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	2.1 TITLE	S	☑ Change ☐ Addition
NAME	BRADLEY, AL	2.2 NAME	Denise LINDER	
STREET ADDRESS	125 ALISA DR	2.3 STREET ADDRESS	87 DEBBIE AVE	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	NELSON NETTLE	3.2 NAME	GILLES DEMUY	
STREET ADDRESS	166 EDWARD DR	3.3 STREET ADDRESS	142 EDWARD DR	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	PRUITT, RALPH	4.2 NAME	KENNETH FLICKINGER	
STREET ADDRESS	10 BILLY AVE 111	4.3 STREET ADDRESS	135 SUE AVE	
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	SEBASTIAN	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	DOWNES, JEAN	5.2 NAME	DONALD CAHILL	
STREET ADDRESS	114 JIMMY ST	5.3 STREET ADDRESS	226A CLIFFORD DR.	
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CAMERON, LEROY	6.2 NAME		
STREET ADDRESS	95 JUDY AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence Coy 95/02/16 (407) 388-1143
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0038606