

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified

02/21/1977

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COY, LAWRENCE  
102 EDWARD DR.  
SEBASTIAN FL 32958

81 Name

Grace Y. Stried

82 Street Address (P.O. Box Number is Not Acceptable)

10305 U. S. #1

83

Sebastian,

84

City

FL

85

Zip Code

32958

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-19-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **XX President**  
STREET ADDRESS **ROBERT, WATKINS**  
CITY-ST-ZIP **118 JIMMY ST**  
**SEBASTIAN FL**

TITLE ☐ DELETE

NAME **S**  
STREET ADDRESS **LINDER, DENISE**  
CITY-ST-ZIP **87 DEBBIE AVE**  
**SEBASTIAN FL**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **NELSON NETTLE**  
CITY-ST-ZIP **166 EDWARD DR**  
**SEBASTIAN FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **PRUITT, RALPH**  
CITY-ST-ZIP **10 BILLY AVE 111**  
**SEBASTIAN FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **DOWNES, JEAN**  
CITY-ST-ZIP **114 JIMMY ST**  
**SEBASTIAN FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **CAMERON, LEROY**  
CITY-ST-ZIP **95 JUDY AVE**  
**SEBASTIAN FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Gaunt, Don

050 Carlene, Sebastian, FL

D

Cahill, Don

226-A Clifford. Sebastian, FL 32958

Flickinger, Ken (Director)

135 Sue Avenue

Sebastian, FL 32958

Massey, Bernard (V. Pres.)

166 Richard Street

Sebastian, FL 32958

Demuy, Gilles (Director)

142 Edward Drive

Sebastian, FL 32958

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)(k), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

(407) 388-1143

Daytime Phone #

CR2E037 (12/95)