

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702143

Entity Name: WESLEY MANOR, INC.**Current Principal Place of Business:**80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801**Current Mailing Address:**80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US**FEI Number:** 59-0872675**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KEITH, HENRY T
80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US*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**Officer/Director Detail :**

Title DIRECTOR
Name BOGNER, JAMES B
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PHILLIPS, MARJORIE J
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title SENIOR VP/TREASURER
Name KEITH, HENRY T
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BELL, WILLIAM O
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE VP/ASST. SECRETARY
Name STEVENS, ROGER A
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN/PRESIDENT
Name MILTON, V, JOHN
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name DYE, STEPHEN R
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name DODDRIDGE, JEANNIE G
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

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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: ROGER A. STEVENS

EXECUTIVE VP

03/18/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HILLENMEYER, JOHN W
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name POLING, DEL R
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name STURM, RICHARD V
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name HALL, STEWART JR.
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name NOLIN, JOANN
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MAY, BRUCE W
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SHAFER, THOMAS L
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name AMLEY, EDWARD A
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MORGAN , HOWARD K
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801