2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003770

FILED Mar 30, 2009 Secretary of State

Entity Name: ROBERT WHITMORE MEMORIAL EMPLOYEE TRUST FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

20 N MAIN STREET SUITE 464 20 N. MAIN STREET

BROOKSVILLE, FL 34601 SUITE 462

BROOKSVILLE, FL 34601

Current Mailing Address: New Mailing Address:

20 N MAIN STREET SUITE 464 20 N. MAIN STREET

BROOKSVILLE, FL 34601 SUITE 462

BROOKSVILLE, FL 34601

FEI Number: 59-2970769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLER, GARTH COLLER, GARTH

20 N MAIN STREET SUITE 464 20 N MAIN STREET SUITE 462 BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601

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: 03/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ESTRIDGE, BRANDY TOWNSEND, ELIZABETH Name: Name: 20 N. MAIN STREET Address: 20 N. MAIN STREET, SUITE 165 Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601

(X) Change () Addition Title: () Delete Title: TRS1 BROOKS, AHRENS Name: BROOKS, AHRENS Name:

Address: 14450 LANDFILD RAOD Address: 14450 LANDFILD RAOD City-St-Zip: BROOKSVILLE, FL 34614 City-St-Zip: BROOKSVILLE, FL 34614

Title: () Delete Title: TRS2 (X) Change () Addition DANIEL, SALLY DANIEL, SALLY Name: Name:

20 N MAIN STREET SUITE 464 20 N MAIN STREET SUITE 112 Address: Address:

City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601

Title: () Delete Title: (X) Change () Addition Name: DAVIS, JEFFNEY Name: DAVIS, JEFFNEY

20 N MAIN STREET, SUITE 164 Address: Address: 20 N MAIN STREET, SUITE 164

City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601

Title: () Delete Title: () Change (X) Addition MOORE, ERICA D ESQUIRE Name: Name: 20 N. MAIN STREET, SUITE 462 Address: Address: City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERICA D MOORE, ESQ. DIR 03/30/2009