

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003770

FILED
Mar 30, 2011
Secretary of State

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

Current Principal Place of Business:

20 N. MAIN STREET
SUITE 462
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

20 N. MAIN STREET
SUITE 462
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-2970769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLER, GARTH
20 N MAIN STREET SUITE 462
BROOKSVILLE, FL 34601 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: PRES
Name: TOWNSEND, ELIZABETH
Address: 20 N. MAIN STREET, SUITE 165
City-St-Zip: BROOKSVILLE, FL 34601

Title: TRS
Name: BROOKS, AHRENS
Address: 14450 LANDFILL ROAD
City-St-Zip: BROOKSVILLE, FL 34614

Title: VP
Name: DANIEL, SALLY
Address: 20 N. MAIN STREET, SUITE 112
City-St-Zip: BROOKSVILLE, FL 34601

Title: CAO
Name: COLLIER, GARTH
Address: 20 N. MAIN STREET, SUITE 462
City-St-Zip: BROOKSVILLE, FL 34601

Title: SEC
Name: BEYER, PEGGY
Address: 20 N. MAIN STREET, SUITE 363
City-St-Zip: BROOKSVILLE, FL 34601

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: R. BROOKS AHRENS, TREASURER

MRS.

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date