FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754035 (4)

1. Corporation Name
WIDOWED PERSONS SERVICE OF SOUTH SARASOTA COUNTY , INC.

Principal Place of Business	Mailing Address
900 S. TAMIAMI TRAIL VENICE FL 34285-0231	900 S. TAMIAMI TRAIL VENICE FL 34285-0231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1980
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2025997 — Applied For / Not Applicable

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

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

9. **Name and Address of Current Registered Agent**

BARRIBALL, PAUL
201 CENTER ROAD
P. O. BOX 1740
VENICE FL 34292

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D (☒ Change ☐ Addition)
NAME	~~EDMONDSON, JOHN~~	1.2 NAME	Jodi Michalski
STREET ADDRESS	~~200 VENICE AVE EAST~~	1.3 STREET ADDRESS	744 White Pine Tree Road
CITY-ST-ZIP	~~VENICE FL~~	1.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	REITZ, CLAIRE	2.2 NAME	
STREET ADDRESS	360-E THREE LAKES LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BELL, JEANNETTE	3.2 NAME	
STREET ADDRESS	265 NOKOMIS AVENUE S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	EDDY, MARY	4.2 NAME	
STREET ADDRESS	912 CHURCH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, MARIAN S	5.2 NAME	
STREET ADDRESS	87 SUNRISE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	BARRIBALL PAUL	6.2 NAME	
STREET ADDRESS	201 CENTER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	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)(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: Mary Eddy — April 14 ~~March 23~~, 1995 (813)488-4602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mary Eddy - Treasurer & Director

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