FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91806 026 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80112025

DOCUMENT # 754035

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

Principal Place of Business	Mailing Address
930 S. TAMIAMI TRAIL VENICE, FL 34285-3231 US	930 S. TAMIAMI TRAIL VENICE, FL 34285-3231 US

2. Principal Place of Business	3. Mailing Address
SHANNON ARMY 1051 ALBEE FARM ROAD	P.O. BOX 676
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE FL	City & State: VENICE FL
Zip: 34292 County: SARASOTA	Zip: 34284-0676 County: SARASOTA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2025997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERSON, CAROLE E 304 W. VENICE AVE., 2ND FLOOR VENICE, FL 34285	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carole E Peterson 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHALSKI, JODI 744 WHITE PINE TREE ROAD VENICE, FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORNISH, DAVID R 355 WEST VENICE AVE. VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLOW, RUTH 1721 BAL HARBOUR DR. VENICE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, CAROLE E P.O. BOX 676 VENICE, FL 34284	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEES, KATHY 1028 HARBOR TOWN DRIVE VENICE, FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMM, RICHARD L. 140 EAST VENICE AVE. VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carole E Peterson 4/30/03 941-486-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #