

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **754035**

(4)

1. Corporation Name

WIDOWED PERSONS SERVICE OF SOUTH SARASOTA COUNTY, INC.

Principal Place of Business

**930 S. TAMiami TRAIL
VENICE FL 34285-0231**

Mailing Address

**930 S. TAMiami TRAIL
VENICE FL 34285-0231**



3. Date Incorporated or Qualified
09/03/1980

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **930 S. Tamiami Trail**

26 **930 S. Tamiami Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Venice FL**

28 **Venice, FL**

Zip

Zip

Country

Country

24 **34285**

25

Sarasota

29

34285

30

Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Mary M. Eddy

82 Street Address (P.O. Box Numbers Not Acceptable)

912 Church St.

83

84 City

Venice

85

Zip Code

FL

34285

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Mary M. Eddy

(NOTE: Registered Agent signature required when reinstating)

March 30, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MICHALSKI, JODI**
STREET ADDRESS **744 WHITE PINE TREE ROAD**
CITY-ST-ZIP **VENICE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **REITZ-CLAIRE**
STREET ADDRESS **900 E THREE LAKES LANE**
CITY-ST-ZIP **VENICE FL ==**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **Edwards, Steve**
2.4 CITY-ST-ZIP **Barnett Bank, 304 W. Venice Ave**

TITLE **SD** ☒ DELETE
NAME **BELL, JEANNETTE**
STREET ADDRESS **265 NOKOMIS AVENUE S**
CITY-ST-ZIP **VENICE FL == ==**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **Taylor, Nell**
3.4 CITY-ST-ZIP **Booth & Co., 589 U.S. 41 By-Pass**

TITLE **JD** ☐ DELETE
NAME **EDDY, MARY**
STREET ADDRESS **912 CHURCH STREET**
CITY-ST-ZIP **VENICE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Director**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GARDNER, MARIAN S**
STREET ADDRESS **87 SUNRISE DR**
CITY-ST-ZIP **ENGLEWOOD FL ==**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **Treasurer - Director**
5.3 STREET ADDRESS **Linkous, Patricia**
5.4 CITY-ST-ZIP **Bella Vita- 1420 Venice Ave. East**

TITLE **PD** ☒ DELETE
NAME **BARRIBALL PAUL**
STREET ADDRESS **201-CENTER RD**
CITY-ST-ZIP **VENICE FL**

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **President-Director**
6.3 STREET ADDRESS **Hamm, Richard L.**
6.4 CITY-ST-ZIP **Lemon Bay Funeral- #935 S. Tamiami**

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 M. Eddy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-96
941-488-4602

CR2E037 (12/95)