FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



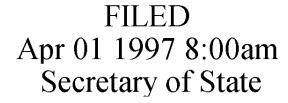
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name 754035

WIDOWED PERSONS SERVICE OF SOUTH SARASOTA COUNTY , INC.





Principal Place of Business				Mailing Address					- vww.vv. vwwar mitte miety murum reims mitt mimit miger mreit filmis preit ment.				
930 S. TAMIAMI TRAIL VENICE FL 34285-0231				930 S. TAMIAMI TRAIL VENICE FL 34285-3653									
US									3. Date in	corporated or Qualifie 9/03/1980	ed 3a.	Date of Las 04/17/	t Report 1996
2. Principal P	Place of Busi	ness	2a.	2a. Mailing Address					4. FEI Nu	mber			Applied For
21				26					59-2025997 Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					SR 75 Additional				
22				27					b. Ceruno	ate of Status Desired	لسا	Fee	Required
City & State				City & State					6. Election	n Campaign Financing)	\$5.0	0 May Be
23			28	28					Trust Fund Contribution Added to Fees				
Zıp		Country		Zip	. Cou	untry			8. This co	rporation has liability	or intangit	ble tax unde	r s. 199.032.
24		25	29		30					Statutes	Yes		,
	9, Name	and Address of Curre	nt Regis	tered Agent					10. Name	and Address of New	Registere	ed Agent	
						81	Name	е					
MARY N	M. EDDY					82 Street Address (P.O. Box Number is Not Acceptable)							
912 CHURCH ST.					82 Street Add			n Audress	(F.O. BUX	Number is Not Accep	(able)		•
VENICE FL 34285						83							
, ,,,,,,,													· · · · · · · · · · · · · · · · · · ·
						84	City				F	85 Z	ip Code
l office or r	redistered ac	ions of Sections 617.05 jent, or both, in the Stat	e of Flori	da. Such change was	: authorize	d by	the cor	d corpora	tion submi	ts this statement for the directors. I hereby ac	e nurosee	of changing	g its registered as registered
agent. I a SIGNATURE	ım tamiliar w	ith, and accept the obliq	gations o	f, Section 617.0503, F	lorida Sta	tutes	i.			·	•		
	Signature typico	or printed name of registered ag				d Age	nt signatur	ire required w	hen reinstating		DATE		
12.						13.		ү	ADDITIO	NS/CHANGES TO OF	FICERS A		
TITLE	 					1.1 TITLE						L Chang	e L Addition
NAME MICHALSKI, JODI					12 N	1.2 NAME							
STREET ADDRESS 744 WHITE PINE TREE ROAD				1.3 STREET A			address	3					
CITY-ST-ZIP	VENICE	FL 34292			1.4 0	ITY-S1	T- 21P						
TITLE	D			XX DELETE	2.1 TI	TLE		1 R3	rect	ee Roden		Chang	e Kaldition
NAME	EDWARDS, STEVE					AME							
STREET ADDRESS	_ =				2.3 \$	TREET	address	90	11 Ver	netia Bay	Blvd.	_	
CITY - ST - ZIP	VENICE	FL			2 40	aty-s	T-ZIP	Ve	nice	FL 34292		•	
TITLE	D			XXDEFELE	31 T)	TLE						Chang	Addition
NAME	TAYLOR				3.2 N	AME			ector				
STREET ADDRESS		& CO, 589 US 41 B	Y-PASS	}	3.3 S	TAEET	address	: Ru	ţḥ Di] low			
CITY-ST-ZIP	_ VENICE	FL			3.4. C	HTY-S	T-ZIP	IVAR	21 Ba	1 Harbeyr	Dr		
TITLE	D			DELETE	4.1 TI	TLE		T		· - 34695		☐ Chang	e Addition
NAME	EDDY, (MARY			4. 2 N	AME		1					
STREET ADDRESS		URCH STREET			4.3 ST	TREET	ADDRESS	;					
CITY-ST-ZIP	VENICE					TY-ST				-			
TITLE	TD			ALX RELETE	5.1 T			5+2	recto hen l	Macka		Chang	e X XAddition
NAME	LINKOL	IS, PATRICIA			5.2 N			032	CVIIII (ncsku h Tamilani		•	
STREET ADDRESS	l	VITA, 1420 VENICE A	VE E				ADDRESS	333	30471	h Tamiami		J	
CITY-ST-ZIP	VENICE					TY-ST		ver	iice,	FL 34293			
TITLE	PD	•		☐ DELETE	6.1 TI		- LIF	1				Chang	e Addition
NAME		RICHARD L.		L. J. C. L. L.	6.2 N/							A-PL OHOLD	, L Nataliation
STREET ADDRESS		HAK KLINEDAK, 1935	A.TAM	MATRAII			i Denerer	1,40		-			
	VENICE	ルイス・VC UTARTET 東マ英(万円外) 「El	** **	天说关系_{第一}。			ADDRESS	1 1 # 0	_ East	Venice A FL 34285	ve.		
CITY-ST-ZIP	A ELLINC	FL			6.4 CI	TY-ST	- ZIP	_l ve	итсе,	rl 34285			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.