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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address 930 S. TAMiami TRAIL VENICE FL 34285-3653
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3. Date Incorporated or Qualified 09/03/1980	3a. Date of Last Report 04/17/1986
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

4. FEI Number 59-2025997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARY M. EDDY
912 CHURCH ST.
VENICE FL 34285**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHALSKI, JODI	1.2 NAME	
STREET ADDRESS	744 WHITE PINE TREE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34292	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, STEVE	2.2 NAME	Donna Lee Roden
STREET ADDRESS	BARNETT BANK, 304 W VENICE AVE	2.3 STREET ADDRESS	901 Venetia Bay Blvd.
CITY - ST - ZIP	VENICE FL	2.4 CITY - ST - ZIP	Venice, FL 34292
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, NELL	3.2 NAME	Ruth Dillow
STREET ADDRESS	BOOTH & CO, 589 US 41 BY-PASS	3.3 STREET ADDRESS	1721 Bal Harbour Dr.,
CITY - ST - ZIP	VENICE FL	3.4 CITY - ST - ZIP	Venice, FL 34293
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, MARY	4.2 NAME	
STREET ADDRESS	912 CHURCH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	4.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINKOUS, PATRICIA	5.2 NAME	Stephen Mesko
STREET ADDRESS	BELLA VITA, 1420 VENICE AVE E	5.3 STREET ADDRESS	935 South Tamiami Trail
CITY - ST - ZIP	VENICE FL	5.4 CITY - ST - ZIP	Venice, FL 34293
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMM, RICHARD L.	6.2 NAME	
STREET ADDRESS	140 EAST VENICE AVE	6.3 STREET ADDRESS	140 East Venice Ave.
CITY - ST - ZIP	VENICE FL	6.4 CITY - ST - ZIP	Venice, FL 34285

14. I do 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 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 **REQUIRED** 3-27-97 941-488-4602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)