FILE NOW: FILING FEE IS \$61.25

CITY-ST-ZIP

SIGNATURE:

Feb 17 1998 8:00am **NONPROFIT** * FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS (4)**DOCUMENT #** 754035 WIDOWED PERSONS SERVICE OF SOUTH SARASOTA COUNTY , INC. Principal Place of Business Mailing Address 930 S. TAMIAMI TRAIL 930 S. TAMIAMI TRAIL 3. Date Incorporated or Qualified VENICE FL 34285-0231 VENICE FL 34285-0231 09/03/1980 4. FEI Number Applied For 59-2025997 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 930 S. Tamiami Trail 930 S. Tamiami Trail Suite, Apt. #, etc. 26 Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be **Venice** Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 😧 No 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible -023 25 Sarasot 29 34285-0231 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes No.

10. Name and Address of New Registered Agent 24 Sarasota MARY M. EDDY 82 Street Address (P.O. Box Number is Not Acceptable) 912 CHURCH ST. **VENICE FL 34285** 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

Signature type of spirit agent and tille applications of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent and tille applications of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent age 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE MICHALSKI, JODI NAME 12 NAME 744 WHITE PINE TREE ROAD 1.3 STREET ADDRESS STREET ADORESS VENICE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE RODEN, DONNA L NAME 2.2 NAME 901 VENETIA BAY BLVD. STREET ADDRESS 2.3 STREET ADDRESS VENICE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE **DILLOW, RUTH** NAME 3.2 NAME 1721 BAL HARBOUR DR. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP **VENICE FL** 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE Director & Treasurer EDDY, MARY 4 2 NAME NAME 912 CHURCH STREET STREET ADDRESS 4.3 STREET ADDRESS **VENICE FL** 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME MESKO, STEPHEN 5.2 NAME 935 SOUTH TAMIAMI TRAIL STREET ADDRESS 5.3 STREET ADDRESS VENICE FL CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition HAMM, RICHARD L. NAME 62 NAME 140 EAST VENICE AVE. STREET ADDRESS **6.3 STREET ADDRESS VENICE FL**

6.4 CITY-ST-ZIP

Feb. 9, 1998

(941)488-4602

14. Thereby 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:

Feb. 9, 1998 (941)488-46

FILED