


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90140 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 754035</b>					
1. Corporation Name <b>WIDOWED PERSONS SERVICE OF SOUTH SARASOTA COUNTY, INC.</b>					
Principal Place of Business <b>930 S. TAMiami TRAIL</b> <b>VENICE FL 34285-0231</b> <b>US</b>			Mailing Address <b>930 S. TAMiami TRAIL</b> <b>VENICE FL 34285-0231</b>		



2. Principal Place of Business <b>21 930 S. Tamiami Trail</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Venice FL</b> Zip Country <b>24 34285 25 Sarasota</b>		2a. Mailing Address <b>26 930 S. Tamiami Trail</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Venice FL</b> Zip Country <b>29 34285 30 Sarasota</b>		3. Date incorporated or Qualified <b>09/03/1980</b> 4. FEI Number <b>59-2025997</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			

9. Name and Address of Current Registered Agent <b>MARY M. EDDY</b> <b>912 CHURCH ST.</b> <b>VENICE FL 34285</b>				10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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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 \_\_\_\_\_ DATE **January 20, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
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			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODEN, DONNA L			2.2 NAME			
STREET ADDRESS	901 VENETIA BAY BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILLOW, RUTH			3.2 NAME			
STREET ADDRESS	1721 BAL HARBOUR DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			3.4 CITY-ST-ZIP			
TITLE	DT	<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	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MESKO, STEPHEN			5.2 NAME	Rick Tuss		
STREET ADDRESS	935 SOUTH TAMiami TRAIL			5.3 STREET ADDRESS	1950 Cent er Road		
CITY-ST-ZIP	VENICE FL			5.4 CITY-ST-ZIP	Venice, FL 34292		
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMM, RICHARD L.			6.2 NAME			
STREET ADDRESS	140 EAST VENICE AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Mary Eddy* **SIGNATURE REQUIRED** January 20, 1999 (941)488-4602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)