FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764272 (1)

1. Corporation Name
WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~142 E. JACKSON ST.~~ ~~ORLANDO FL 32801~~	~~142 E. JACKSON ST.~~ ~~ORLANDO FL 32801~~

3. Date Incorporated or Qualified: 07/23/1982
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2396046 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 200 N. Triplet Lake Drive	26 200 N. Triplet Lake Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Casselberry FL	28 Casselberry FL
24 Zip 32707 25 Country Seminole	29 Zip 32707 30 Country Seminole

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MCELENEY, KATHRYN~~ ~~174 W. COMSTOCK AVENUE~~ DELETE ~~SUITE 215~~ ~~WINTER PARK FL 32789~~	81 Name: Paul B. Tweed 82 Street Address (P.O. Box Number is Not Acceptable) 83 200 N. Triplet Lake Drive 84 City: Casselberry FL 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Paul B Tweed PAUL B. TWEED TREASURER 2-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~DOBBS, DOUGLAS J.~~ DELETE	1.2 NAME	Kopke, Sally A.	
STREET ADDRESS	~~430 NORTH KIRKMAN RD~~	1.3 STREET ADDRESS	994 E. Altamonte Dr.	
CITY-ST-ZIP	~~ORLANDO FL 32811~~	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~LLOYD, ROBERT~~ DELETE	2.2 NAME	Smith, William C.	
STREET ADDRESS	~~111 INCHABOD TRAIL~~	2.3 STREET ADDRESS	3815 Milford Ave.	
CITY-ST-ZIP	~~LONGWOOD FL~~	2.4 CITY-ST-ZIP	Orlando, FL 32839	
TITLE	~~TD~~	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~MCELENEY, KATHRYN~~ DELETE	3.2 NAME	Tweed, Paul B.	
STREET ADDRESS	~~174 W. COMSTOCK AVENUE, SUITE 215~~	3.3 STREET ADDRESS	4414 Carolwood St.	
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	3.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	~~SD~~	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~TOPHAM, GWEN~~	4.2 NAME	Mehrman, Beth	
STREET ADDRESS	~~165 W. JESSUP AVENUE~~ DELETE	4.3 STREET ADDRESS	430 E. Rockwood # B202	
CITY-ST-ZIP	~~LONGWOOD FL 32750~~	4.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Sally A Kopke 2-24-95 (407) 831-5020
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Sally A. Kopke President / Director

0003606