

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764272 (1)

1. Corporation Name

WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC.

Principal Place of Business

200 N. TRIPLET LAKE DR
CASSELBERRY FL 32707
US

Mailing Address

200 N. TRIPLET LAKE DR.
CASSELBERRY FL 32707
US



3. Date Incorporated or Qualified
07/23/1982

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number
59-2396046

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

TWEED, PAUL B.
200 N. TRIPLET LAKE DR.
CASSELBERRY FL 32707

81 Name

MELISSA HAUPT

82 Street Address (P.O. Box Number is Not Acceptable)

200 N. TRIPLET LAKE DRIVE

83

84 City

CASSELBERRY

FL

85 Zip Code

32707

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

Melissa Haupt Treasurer

(NOTE: Registered Agent signature required when reinstalling)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

KOPKE, SALLY A.

☐ DELETE

NAME

994 E. ALTAMONTE DR.

STREET ADDRESS

ALTAMONTE SPRINGS FL

CITY-ST-ZIP

TITLE

VD

SMITH, WILLIAM C.

☐ DELETE

NAME

3815 MILFORD AVE.

STREET ADDRESS

ORLANDO FL

CITY-ST-ZIP

TITLE

TD

TWEED, PAUL B.

☒ DELETE

NAME

4414 CAROLWOOD ST.

STREET ADDRESS

ORLANDO FL

CITY-ST-ZIP

TITLE

SD

MEHRMAN, BETH

☒ DELETE

NAME

430 E. PACKWOOD #B202

STREET ADDRESS

MAITLAND FL

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD

HAUPT, MELISSA

296 MILL SLOUGH RD.

OVIEDO, FL 32766

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SD

SARA OHALL

994 E. ALTAMONTE DRIVE

ALTAMONTE SPRINGS, FL 32701

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Melissa Haupt Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

407 644-6654
Daytime Phone #

CR2E037 (12/95)