

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 764272 (1)
1. Corporation Name
WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC.



Principal Place of Business Mailing Address
200 N. TRIPLET LAKE DR
CASSELBERRY FL 32707
US 200 N. TRIPLET LAKE DR.
CASSELBERRY FL 32707-3323
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 07/23/1982 3a. Date of Last Report 05/01/1996

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

MELISSA HAUP
200 N TRIPLET LAKE DRIVE
CASSELBERRY FL 32707

81 Name SALLY A. KOPKE
82 Street Address (P.O. Box Number is Not Acceptable)
200 N. TRIPLET LAKE DR
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 Sally A. Kopke

5-1-97

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
NAME KOPKE, SALLY A.
STREET ADDRESS 994 E. ALTAMONTE DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

1.1 TITLE
1.2 NAME ADDRESS
1.3 STREET ADDRESS 301 N.E. IVANHOE BLVD
1.4 CITY-ST-ZIP ORLANDO, FL 32804

TITLE VD
NAME SMITH, WILLIAM C.
STREET ADDRESS 3815 MILFORD AVE.
CITY-ST-ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME HAUP, MELISSA
STREET ADDRESS 298 MILL SLOUGH ROAD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE
3.2 NAME ALISON ISSER
3.3 STREET ADDRESS 182 W. MADUARD ST.
3.4 CITY-ST-ZIP ORLANDO, FL 32802

TITLE SD
NAME SARA OHALL
STREET ADDRESS 994 E. ALTAMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

4.1 TITLE
4.2 NAME VICKI DENNIS
4.3 STREET ADDRESS 1508 OS PREY AVE
4.4 CITY-ST-ZIP ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SALLY A. KOPKE

CR2E037 (9/96)