Applied For

No Applicable

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# **DOCUMENT # 764272**

1. Corporation Name

### WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC.

Principal Flace of Business

2. Principal Place of Business

Mailing Address

2a.

26

27

200 N. TRIPLET LAKE DR CASSELBERRY FL 32707

Suite, Apt. #, etc.

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22

200 N. TRIPLET LAKE DR. CASSELBERRY FL 3270?

Mailing Address

Suite, Apt. #, etc.

# FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90040 039 \*\*\*\*61.25



Date Incorporated or Qualifed

07/23/1982

59-2396046

FEI Number

City & Stat	e	City & State				5.	5. Certificate of Status Desired				\$8.75 Additional		
23	28						- Coran also di Calatta Data i				Fee Re quired		
Zip	Country	Zip Cour				6.	6. Election Campaign Financing			\$5.00 May Be			
24	25	29	<u> </u>			Trust Fund Contribution					Added to	Fees	
	9. Name and Address of Current I	Registered Agent		<u> </u>		10	Name	and Address of Ne	ew Register	a Agei	<u> </u>		
			8	י וי	Name								
REMUS, VICKY					Street A	Address (P	O. Bo	Number is Not Acc	eptable)				
1508 OSPREY AVE												<del></del>	
ORLANDO	FL 32803		8	3									
			84	4 (	City					. (8:	Zip C	ode	
									F				
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	authorized by	y the	amed o	corporation eration's bo	submi	its this statement for directors. I hereby a	the purpose ccept the app	of char ointme	iging its i nt as reg	egistered istered	
SIGNATURE	Signature, typed or printed nome of registered agent a	nd title if applicable (NO)	E: Registered Ag	ent si	onature re-	o jired when re	einstating		DATE			— i	
12.	OFFICERS AND		13.					NS/CHANGES TO	OFFICERS	AND D	RECTO	RS IN 12	
TITLE	PD			1.1 TITLE			251	dent			Change	Addition	
NAME	VEST, KATHLEEN			1.2 NAME			ĪÑ.	A KOPK	e				
STREET ADDRESS	6756 RUBENS			1.3 STREET ADDRESS			N E	Evakho	) <b>5</b>	,			
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-	ST-Z	îP	or	la.	ndo FI 3	3280	<b>€</b>			
TITLE	VPD	☐ DELETE	2.1 TITLE			Vic	0	Procid	e nt	×	Change	☐ Addition	
NAME	KOPKE, SALLY A		2.2 NAME	=	ł	1 / 6	•	Presid		•			
STREET ADDRESS	301 N É IVANHOE			2.3 STREET ADDRESS				Vacar	n #			-	
CITY-ST-ZIP	ORLANDO FL 32804		2. 4 CITY-	-ST-2	ZIP								
TITLE	SO	DELETE	3.1 TITLE								Change	Addition	
NAME	KING, JACQUELINE			3.2 NAME									
STREET ADDRESS	ss 355 E S R 434			3.3 STREET ADDRESS									
CITY-ST-ZIP	LONGWOOD FL 32750		3.4. CITY-	- ST- Z	ZIP								
TITLE	TD	☐ DELETE	4.1 TITLE								Change	Addition	
NAME	REMUS, VICKY		4, 2 NAMI	Ε									
STREET ADDRESS	1508 OSPREY AVE		4,3 STRE	ET AC	DRESS								
CITY-ST-ZIP	ORLANDO FL 32803		4,4 CITY-	ST-Z	JP								
TITLE		☐ DELETE	51 TITLE								Change	☐ Addition	
NAME			5,2 NAME										
STREET ADDRESS			5.3 STRE										
CITY-ST-ZIP			5.4 CITY-		IP								
TITLE		☐ DELETE	6.1 TITLE						-		Change	☐ Addition	
NAME			6.2 NAME	Ξ.	1								
STREET ADDRESS			6.3 STRE	ET AL	DDRESS								
CITY-ST-ZIP			6.4 CITY-			L							
14. I hereby	certify that the information supplied with	this filing does not qualify for	or the exemp	ption	stated	I in Section	119.0	7(3)(i), Florida Statut	tes. I further	certify t	hat the ir	nformation	

I hereby certify that the information supplied with this filing does not qualify fcr the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report cr supplemental annual report is true and accurate and that my signature shall have th₃ 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 recuired 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

;R2E037 (11/98)