FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 09, 2002 8:00 am DOCUMENT # **764272 Secretary of State** 1. Entity Name 05-27-2002 90464 032 ****61 25 WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC. Principal Place of Business Mailing Address PO BOX 536954 PO BOX 536954 ORLANDO FL 32853-6954 ORLANDO FL 32853-6954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REMUS. VICKY 1508 OSPREY AVE ORLANDO FL 32803 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Dresident/Director Sally Kopke 301 W.E Evanhoe Blud. TITLE PD Delete TITLE NAME EDWARDS, CATHY STREET ADDRESS STREET ADDRESS 5395 LB MCLEOD ROAD Orlando, Florida 32804 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete TITLE ☐ Change ☐ Addition TITLE TD NAME REMUS, VICKY NAME STREET ADDRESS STREET ADDRESS 1508 OSPREY AVE 'CITY-ST-ZIP" CITY-ST-ZIP ORLANDO FL 32803 Vice President/ Director Kchange TITLE VPD **X**Delete TITLE Molly Folken 1620 Mayflower Ct, Apt. B 406 Winter Park, Fl. 32792 NAME COMBS, SALLY NAME STREET ADDRESS STREET ADDRESS 595 MONTGOMERY RD CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 TITLE Delete TITLE Addition THORNTON, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 808 W CENTRAL BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Director ☐ Delete Change Addition Kathleen West NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

T/T/F

NAME

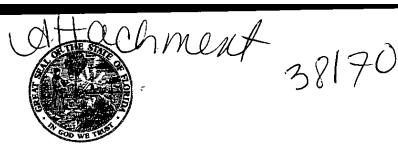
6756 Rubens Ct.

icky R. Remus Hospoz 407-898.

☐ Delete

☐ Change

Addition



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 4, 2002

WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC. PO BOX 536954 ORLANDO, FL 32853-6954 US

Subject: WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC.

Reference Number:

764272

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Any Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mm

ANNUAL REPORTS SECTION

correctioned Constant