

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90098 043 ****61.25

DOCUMENT # 764272 1. Entity Name WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC.					
Principal Place of Business PO BOX 536954 ORLANDO, FL 32853-6954 US			Mailing Address PO BOX 536954 ORLANDO, FL 32853-6954 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATHLEEN, WEST 6756 RUBENS CT. ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPKE, SALLY		NAME		
STREET ADDRESS	301 WE IVANHOE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, WANDA		NAME	BUMP, RICHARD H.	
STREET ADDRESS	5305 L.B.M. MCLEOD RD.		STREET ADDRESS	5250 CALABASH PLACE	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	ORLANDO, FL 32765	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, SHIRLEY		NAME		
STREET ADDRESS	2918 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACQUELINE, KING		NAME		
STREET ADDRESS	600 E. WILKINSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, KATHLEEN		NAME		
STREET ADDRESS	6756 RUBENS COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Richard H. Bump</i> TD			3/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # 407-468-1862		

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