

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764272

FILED  
Mar 25, 2007  
Secretary of State

**Entity Name:** WIDOWED PERSON SERVICE OF GREATER ORLANDO, INC.

**Current Principal Place of Business:**

PO BOX 536954  
ORLANDO, FL 328536954 US

**New Principal Place of Business:**

BOX 536954  
ORLANDO, FL 328536954 US

**Current Mailing Address:**

PO BOX 536954  
ORLANDO, FL 328536954 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATHLEEN, WEST  
6756 RUBENS CT.  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOPKE, SALLY  
Address: 301 WE IVANHOE BLVD  
City-St-Zip: ORLANDO, FL 32804

Title: TD ( ) Delete  
Name: BUMP, RICHARD H  
Address: 5250 CALABASH PL  
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete  
Name: SCOTT, SHIRLEY  
Address: 2918 WALNUT STREET  
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete  
Name: JACQUELINE, KING  
Address: 600 E. WILKINSON ST.  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: WEST, KATHLEEN  
Address: 6756 RUBENS COURT  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD H. BUMP

TD

03/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date