

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24291 (9)**  
1. Corporation Name  
**WIDOWED PERSONS SERVICE OF LAKE COUNTY, INC.**



Principal Place of Business  
**LAKE CO. SENIOR SERVICES  
LEESBURG FL 34748  
US**

Mailing Address  
**1127 N. BLVD. EAST  
LEESBURG FL 34748  
US**

3. Date Incorporated or Qualified **01/11/1988** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2866414</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N.A. Don't</b>
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9. Name and Address of Current Registered Agent

**TAYLOR, DORIS  
30205 SR-19  
TAVARES FL 32778**

10. Name and Address of New Registered Agent **own property that would be taxed.**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 *Doris Taylor* *Doris Taylor, WPS Board President* DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR, DORIS</b>	1.2 NAME	
STREET ADDRESS	<b>30205 SR-19</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL</b>	1.4 CITY-ST-ZIP	<b>ZIP 32778</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOYD, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>720 W BURLEIGH BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL</b>	2.4 CITY-ST-ZIP	<b>ZIP 32778</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCMILLAN, EDWIN</b>	3.2 NAME	
STREET ADDRESS	<b>5308 ASTOR ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	<b>ZIP 34748</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REAM, MARY U</b>	4.2 NAME	
STREET ADDRESS	<b>2701 S. BAY ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EUSTIS FL</b>	4.4 CITY-ST-ZIP	<b>ZIP 32726</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINVILLE, ELBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1105 BEN HOPE DR.</b>	5.3 STREET ADDRESS	<b>CD Ruth Cucinotta</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	5.4 CITY-ST-ZIP	<b>12 Hibiscus St, Umatilla, FL 32784</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)