

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 <b>LAKE CO. SENIOR SERVICES LEESBURG FL 34748 US</b>	Mailing Address <b>1127 N. BLVD. EAST LEESBURG FL 34748 US</b>
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3. Date Incorporated or Qualified <b>01/11/1988</b>	
4. FEI Number <b>59-2866414</b>	Applied For <input type="checkbox"/> 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b>	

2. Principal Place of Business <b>21 Leesburg Office Park</b>	2a. Mailing Address <b>26 734 N 3rd St.</b>
Suite, Apt. #, etc. <b>22 Suite 404-2</b>	Suite, Apt. #, etc. <b>27 Suite 404-2</b>
City & State <b>23 Leesburg, FL</b>	City & State <b>28 Leesburg, FL</b>
Zip <b>24 34748</b>	Country <b>25 USA</b>
Zip <b>29 34748</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent  
**TAYLOR, DORIS  
30205 SR-19  
TAVARES FL 32778**

10. Name and Address of New Registered Agent	
81 Name <b>LEONARD M. CHAFFEE</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2006 Tweed Court</b>	
83	
84 City <b>Leesburg</b>	85 Zip Code <b>FL 34788</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 *Leonard M. Chaffee* DATE **1/16/1998**

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>TAYLOR, DORIS</b>	
STREET ADDRESS <b>30205 SR-19</b>	
CITY-ST-ZIP <b>TAVARES FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BOYD, BILL</b>	
STREET ADDRESS <b>720 W BURLEIGH BLVD</b>	
CITY-ST-ZIP <b>TAVARES FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>MCMILLAN, EDWIN</b>	
STREET ADDRESS <b>5308 ASTOR ST</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>REAM, MARY U</b>	
STREET ADDRESS <b>2701 S. BAY ST.</b>	
CITY-ST-ZIP <b>EUSTIS FL</b>	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE
NAME <b>CUCINOTTA, RUTH</b>	
STREET ADDRESS <b>12 HIBISCUS ST</b>	
CITY-ST-ZIP <b>UMATILLA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>LEONARD M. CHAFFEE</b>	
1.3 STREET ADDRESS <b>2006 Tweed Ct.</b>	
1.4 CITY-ST-ZIP <b>Leesburg, FL 34788</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Doris Taylor</b>	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>MARY Ream</b>	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.  
SIGNATURE: *Leonard M. Chaffee* DATE: **1/16/1998** TELEPHONE: **352-343-7758**

CR2E037 (10/97)