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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24291

1. Corporation Name

WIDOWED PERSONS SERVICE OF LAKE COUNTY, INC.

Principal Place of Business

LEESBURG OFFICE PARK
SUITE 404-2
LEESBURG FL 34748
US

Mailing Address

734 N 3RD ST
SUITE 404-2
LEESBURG FL 34748
US



2. Principal Place of Business

21 **Leesburg Office Park**

2a. Mailing Address

26 **734 N 3rd St**

Suite, Apt. #, etc.

22 **Suite 404-9**

Suite, Apt. #, etc.

27 **Suite 404-9**

City & State

23 **Leesburg FL**

City & State

28 **Leesburg, FL**

Zip

24 **34748**

Country

25 **US**

Zip

29 **34748**

Country

30 **US**

3. Date Incorporated or Qualified

01/11/1988

4. FEI Number

59-2866414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHAFFEE, LEONARD M
2006 TWEED CT
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, PRESIDENT

2/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **CHAFFEE, LEONARD M**
CITY-ST-ZIP **2006 TWEED CT**
LEESBURG FL 34788

TITLE ☒ DELETE

NAME **P**
STREET ADDRESS **TAYLOR, DORIS**
CITY-ST-ZIP **30205 SR 19**
TAVARES FL

TITLE ☒ DELETE

NAME **TD**
STREET ADDRESS **MCMILLAN, EDWIN**
CITY-ST-ZIP **5308 ASTOR ST**
LEESBURG FL

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **REAM, MARY**
CITY-ST-ZIP **2701 S. BAY ST.**
EUSTIS FL

TITLE ☒ DELETE

NAME **CD**
STREET ADDRESS **CUCINOTTA, RUTH**
CITY-ST-ZIP **12 HIBISCUS ST**
UMATILLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

LEONARD M. CHAFFEE

Date

2/22/99

Daytime Phone #

352-343-7758

CR2E037 (11/98)