


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90016 006 \*\*\*\*70.00

<b>DOCUMENT # N48812</b> 1. Entity Name <b>WIDOWED PERSONS SERVICE CORPORATION OF BAY COUNTY, FLORIDA</b>					
Principal Place of Business <b>1144 GRACE AVE. P.O. BOX 2084 PANAMA CITY, FL 32492 US</b>			Mailing Address <b>P.O. BOX 2084 P.O. BOX 2084 PANAMA CITY, FL 32402 US</b>		
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 <b>59-3128987</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHRIS PATTERSON ATTORNEY AT LAW 303 MAGNOLIA AVE. PANAMA CITY BEACH, FL 32407</b>			7. Name and Address of New Registered Agent Name <b>PEBBY S. CAREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1234 HUNTINGTON RIDGE RD</b> City <b>LYNN HAVEN</b> FL <b>32444</b>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DODD, JANE 123 HENRY AVE. PANAMA CITY BEACH, FL 32413</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JASON WHITE P.O. BOX 16669 PANAMA CITY FL 32405</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DODD, JANE 123 HENRY AV. PANAMA CITY, FL 32413</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCARFO, QUINTA P O BOX 809 LYNN HAVEN, FL 32444</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PEBBY S CAREY 1224 HUNTINGTON RIDGE R LYNN HAVEN, FL 32444</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BROOKMAN, CAROLYN 128 HOMBRE CIRCLE PANAMA CITY BEACH, FL 32407</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILMA S ROBBUCK 1522 MULBERRY AVE PANAMA CITY, FL 32405</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SABATO LOUISE SABATO, LOUISE 24 HARRISON AVE PANAMA CITY, FL 32401</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Peppy S Carey</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/15/05 850-265-3859</b> <small>Date Daytime Phone #</small>		