2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-06-2006 90023 044 ****61.25

DOCUMENT # N48812

1. Entity Name
WIDOWED PERSONS SERVICE CORPORATION OF BAY COUNTY, FLORIDA

Principal Place of Business	Mailing Address
1144 GRACE AVE. P.O. BOX 2084 PANAMA CITY, FL 32492 US	P.O. BOX 2084 P.O. BOX 2084 PANAMA CITY, FL 32402 US

01172006 Chg-NP CR2E037 (11/05)

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 59-3128987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARRY, PEGGY S 1234 HUNTINGTON RIDGE RD LYNN HAVEN, FL 32444	Name Quinta L. Scarfo Street Address (P.O. Box Number is Not Acceptable) P.O. Box 809 1609 E. 9th St. City Lynn Haven, FL FL Zip Code 32444

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WHITE, JASON P.O. BOX 16869 PANAMA CITY, FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAREY, PEGGY S 1224 HUNTINGTON RIDGE RD LYNN HAVEN, FL 32444	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Quinta L. Scarfo P.O. Box 809 Lynn Haven, FL 32444 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBBUCK, WILMA S 1522 MULBERRY AVE PANAMA CITY, FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1609 E. 9th St. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SABATO, LOUISE 24 HARRISON AVE PANAMA CITY, FL 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Quinta L. Scarfo 3/21/06 850 265-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #