



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90062 048 ****61.25

DOCUMENT # N48812 1. Entity Name WIDOWED PERSONS SERVICE CORPORATION OF BAY COUNTY, FLORIDA					
Principal Place of Business 1144 GRACE AVE. P.O. BOX 2084 PANAMA CITY, FL 32492 US			Mailing Address P.O. BOX 2084 P.O. BOX 2084 PANAMA CITY, FL 32402 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 03052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3128987				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SCARFO, QUINTA L P O BOX 809 1609 E 9TH ST LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name ROEBUCK, WILMA S Street Address (P.O. Box Number is Not Acceptable) 1522 MULBERRY AVE City PANAMA CITY FL 32406		
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 <u><i>Wilma S Roebuck</i></u> 3/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 16669 PANAMA CITY, FL 32405	<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	PD SCARFO, QUINTA L P O BOX 809, 1609 E 9TH ST LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILMA S ROEBUCK, WILMA S 1522 MULBERRY AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROEBUCK, WILMA S 1522 MULBERRY AVE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROLL RUSSELL 5721 REBECCA CT CALLAWAY FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SABATO, LOUISE 24 HARRISON AVE PANAMA CITY, FL 32401	<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	<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	<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 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: <u><i>Wilma S Roebuck</i></u>			WILMA S. ROEBUCK 3/12/07 850-785-6683		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		