2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N48812

Entity Name: WIDOWED PERSONS SERVICE CORPORATION OF BAY COUNTY, FLORIDA

Current Principal Place of Business:

1144 GRACE AVE.
P.O. BOX 2084
PANAMA CITY, FL 32492 US

New Principal Place of Business:

1144 GRACE AVENUE
PANAMA CITY, FL 32492 US

Current Mailing Address:

P.O. BOX 2084
P.O. BOX 2084
PANAMA CITY, FL 32402 US

New Mailing Address:

P.O. BOX 2084
PANAMA CITY, FL 32402 US

FEI Number: 59-3128987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROEBUCK, WILMA S
1522 MULBERRY AVE
PANAMA CITY, FL 32406 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: WHITE, JASON
Address: P.O. BOX 16669
City-St-Zip: PANAMA CITY, FL 32405

Title: PD ( ) Delete
Name: ROEBUCK, WILMA S
Address: 1522 MULBERRY AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: TD ( ) Delete
Name: ROLL, RUSSELL
Address: 5421 REBECCA CT
City-St-Zip: CALLAWAY, FL 32404

Title: SD ( ) Delete
Name: SABATO, LOUISE
Address: 24 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: 1VP ( ) Delete
Name: FARRELL, BETTY
Address: 1500 W 13TH ST
City-St-Zip: JACKSONVILLE, FL 32201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VP (X) Change ( ) Addition
Name: WHITE, JASON
Address: P.O. BOX 16669
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CAREY, PEGGY S
Address: 1234 HUNTINGTON RIDGE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change ( ) Addition
Name: FARRELL, BETTY
Address: 1500 W 13TH ST
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY S. CAREY TD 02/05/2009

Electronic Signature of Signing Officer or Director — Date