SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/1/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

ANNUAL REPORT



Secretary of State

	1996	A SOUTH THE	DIVISION OF C	CORPORATIONS							
DO(	CUMENT poration Name	<del></del>	0003475 (9								
MANATEE WIDOWED PERSONS SERVICE, INC.											
,						1 (1884) <b>(</b> 1. 148 ) 148 (1891 <b>(1</b> 891) <b>(1</b> 91) (1					
Princin	al Place of Busine	see	Mailing Address								
		<u>-</u>	=								
239 US 301 BLVD. EAST Bradenton FL 34208			-200-UG-001-BLVD: EAST BRADENTON PL 34208*								
						Date Incorporated or Qualified	3a. Dat	e of Last Re	port	l	
						07/24/1995				l	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			plied For	l	
21			26 7222 Meadow Brook Dr		r	65-0484838		\$8.75 A	t Applicable	l	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Rec		l	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	1	
23			28 Sarasota,			Trust Fund Contribution		Added to			
Zip		Country	Zip	Country 30 USA		8. This corporation has liability for int Florida Statutes	—	ax under s. No	199.032,		
24	9. Nan	e and Address of Current I	29 34243-1626 Registered Agent	1301 034		10. Name and Address of New Regi	4				
81 Name											
WOOD, MARTHA G					82 Street Address (P.O. Box Number is Not Acceptable)						
	239 US 301 BL		adow Brook D								
i '	BRADENTON F	<del>L34200</del> Sarasot	a FL 34243-1	626 83							
				84 City			FI	85 Zip C	Code		
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the coragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						ration submits this statement for the pur	pose of c	hanging its	registered	1	
off	fice or registered a cent. I am familiar	agent, or both, in the State of with, and accept the obligation	Florida. Such change was a ons of, Section 617.0503, Flo	authorized by the corp orida Statutes.	oration	h's board of directors. I hereby accept the	ne appoir	ntment as re	gistered		
SIGNA		<b>,,</b>									
	Signature, typ	oed or printed name of registered agent of OFFICERS AND		TE Registered Agent signature  13.	e required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR		ි ග	
12.	P	OFFICERS AIND	DELETE	1.1 TITLE	h	ADDITIONS/CHANGES TO OFFICE	-no AND	Change	Addition	96/8	
NAME	WO	OD <b>a</b> Martha G		1.2 NAME	Wil	son, Thomas R.			- <b>X</b>	37 (	
STREET A	ADDRESS 722	2 MĚADOW BROOK DR		1.3 STREET ADDRESS		O Aurora Blvd.				E037	
CITY-ST	<u> </u>	ASOTA FL 34243		1.4 CITY - ST - ZIP	Bra	denton FL 34202			Tarl A cons		
TITLE	V	CAND CARY	DELETE	2 1 TITLE	V		I	Change	X Addition	١	
NAME	500	GAND, GARY 7 14TH ST., W.		2.2 NAME	PO	RTER, BEN					
	DDA	DENTON FL 34207		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		O MANATEE AVE., W					
TITLE	S S		DELETE	3.1 TITLE	D BR	ADENTON FL 34205		Change	Addition	1	
NAME		NARD, CATHY		3.2 NAME	ΒĀ	RNARD, CATHY					
STREET		US 301 BLVD. EAST		3 3 STREET ADDRESS	23	9 US 301 BLVD.EAS	T				
CITY-S1	r-zip BRA	DENTON FL 34208	Del ere	3 4. CITY - ST - ZIP	BR	ADENTON FL 34208	<del></del>	Change	X Addition	-	
TITLE	I I	NTLEY, JEANIE	DELETE	4.1 TITLE	IR.	shoom Haaklass Cam	ا ناست	change	N Addition		
NAME		O 3RD AVENUE W		4 2 NAME 4.3 STREET ADDRESS		ntson-Hackley, San 17 Manatee Ave E	lay				
CITY-ST	DOA	DENTON FL 34205		4.4 CITY+ST-ZIP		radenton FL 34208					
TITLE	211		DELETE	5.1 TITLE	15	anencon 1 Jaces		Change	X Addition	1	
NAME				5.2 NAME		LEMAN, PATTI					
STREET	ADDRESS			5.3 STREET ADORESS		02 CENTER POINTE	DR.				
City-S1	T-ZIP		DELETE	5.4 CITY - ST - ZIP	<b>LSA</b>	RASOTA FL 34233		Change	Addition	1	
TITLE			DELETE	6.1 TITLE 6.2 NAME	1	10000189	647		7/		
NAME	ADDRESS			6.3 STREET ADDRESS		-07/17/960103			1/17		
CITY-SI	l l			6.4 CITY - ST - ZIP		***61 <u>,25</u>			"12	•	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, open an attachment with an address.

6.4 CITY - ST - ZIP.

SIGNATURE:

96 (941)355-2034