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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003475 (9)**

1. Corporation Name

MANATEE WIDOWED PERSONS SERVICE, INC.

Principal Place of Business

**239 US 301 BLVD. EAST
BRADENTON FL 34208**

Mailing Address

**7222 MEADOW BROOK DR.
SARASOTA FL 34243-1626**

3. Date Incorporated or Qualified
07/24/1995

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

65-0484838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, MARTHA G
7222 MEADOW BROOK DR.
SARASOTA FL 34243-1626**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

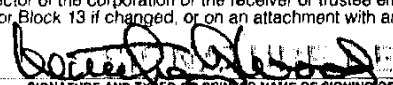
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, MARTHA G	
STREET ADDRESS	7222 MEADOW BROOK DR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, THOMAS R.	
STREET ADDRESS	1200 AURORA BLVD.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, BEN	
STREET ADDRESS	720 MANATEE AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNARD, CATHY	
STREET ADDRESS	239 US 301 BLVD. EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRANTLEY, JEANIE	
STREET ADDRESS	1700 3RD AVENUE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATSON-HACKLEY, SANDY	
STREET ADDRESS	217 MANATEE AVE. E.	
CITY-ST-ZIP	BRADENTON FL 34208	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEPEW, GORDON
3.3 STREET ADDRESS	4407 MUIRFIELD DR W
3.4 CITY-ST-ZIP	BRADENTON FL 34210
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FISHER, CHERYL
4.3 STREET ADDRESS	1886 59TH ST W
4.4 CITY-ST-ZIP	BRADENTON FL 34209
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, or on an attachment with an address.

SIGNATURE:  **Martha G. Wood, Pres.** 4/16/97 (941)355-2034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0083831**

CR2E037 (9/96)