

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003475** ✓

1. Corporation Name

MANATEE WIDOWED PERSONS SERVICE, INC.

Principal Place of Business

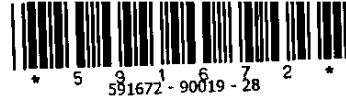
239 US 301 BLVD. EAST
BRADENTON FL 34208

Mailing Address

7222 MEADOW BROOK DR.
SARASOTA FL 34243-1626

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 028 ****61.25



2. Principal Place of Business

21 **4140 20TH ST W**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **BRADENTON FL 34205**

27 City & State

23 City & State

28 Zip

24 Country

29 Zip

25 Country

30 Country

3. Date Incorporated or Qualified

07/24/1995

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **P**
WOOD, MARTHA G
STREET ADDRESS **7222 MEADOW BROOK DR.**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ DELETE

NAME **D**
WILSON, THOMAS R.
STREET ADDRESS **1200 AURORA BLVD.**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ DELETE

NAME **V**
DEPEW, GORDON
STREET ADDRESS **4407 MUIRFIELD DR W**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME **S**
ROEHL, KATRINA
STREET ADDRESS **2719 3RD AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ DELETE

NAME **T**
BRANTLEY, JEANIE
STREET ADDRESS **1700 3RD AVENUE W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ DELETE

NAME **D**
IRWIN, JEAN
STREET ADDRESS **206 2ND STREET EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **W. G. WOOD** **1/8/99** **(941) 355-2034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006922

CR2E037 (5/99)