

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90127 047 ****61.25

DOCUMENT # N95000003475

1. Entity Name
MANATEE WIDOWED PERSONS SERVICE, INC.



Principal Place of Business
**1700 3RD AVE
BRADENTON FL 34205**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4407 MUIRFIELD DR W.
Suite, Apt. #, etc.

City & State
BRADENTON FL

Zip
34210

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0484838**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WOOD, MARTHA G
7222 MEADOW BROOK DR.
SARASOTA FL 34243-1626**

7. Name and Address of New Registered Agent
Name **GORDON DEPEW**
Street Address (P.O. Box Number is Not Acceptable)
4407 MUIRFIELD DR W
City **BRADENTON** FL Zip Code **34210**

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 **GORDON DEPEW** **GORDON DEPEW** **04-25-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	P WOOD, MARTHA G 7222 MEADOW BROOK DR. SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTHA G WOOD 7222 MEADOW BROOK DR SARASOTA, FL. 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, THOMAS R. 1200 AURORA BLVD. BRADENTON FL 34202 <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	V DEPEW, GORDON 4407 MUIRFIELD DR W BRADENTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GORDON DEPEW 4407 MUIRFIELD DR W BRADENTON, FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROEHL, KATRINA 2719 3RD AVENUE WEST BRADENTON FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SHARON MCCLELLAN 1701 PALMETTO, FL. 34222 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIFF, NATALIE 4140 20TH ST. W BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER NATALIE SCHIFF 811 23RD AVE E BRADENTON, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, JEAN 208 2ND STREET EAST BRADENTON FL 34208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REBA ROGERS, CPA 3524 CORTEZ RW. # 250 BRADENTON, FL. 34210 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.