

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

FILED
Jul 24, 2003 8:00 am
Secretary of State

0015528

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0484838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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
After September 10, 2003, min will be \$236.25**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **S** ☐ Change ☒ Addition
NAME **McCLELLAN, SHARON**
STREET ADDRESS **1301 17TH ST. W**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **T** ☐ Delete
NAME **SCHIFF, NATALIE**
STREET ADDRESS **4140 20TH ST. W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: **MARTHA G. WOOD**

7/20/03 (941)355-2034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)