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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005214 (0)**

1. Corporation Name

**WIDOWED PERSONS SERVICE OF MARION COUNTY, INC.**

Principal Place of Business

Mailing Address

7171 SW ST. RD. 200  
OCALA FL 34476  
US

8672 C SW 96TH LN.  
OCALA FL 34476  
US



3. Date Incorporated or Qualified

**10/31/1995**

4. FEI Number

**59-3356780**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**DR BLAIR STEWART  
FIRST CONGREGATIONAL CHURCH  
7171 STATE ROAD 200  
OCALA FL 34476**

81 Name

**Mary K. Spaid**

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

**417 N.E. 18th Ave.**

83

84 City

**Ocala**

FL

85 Zip Code

**34470**

10. Name and Address of New Registered Agent

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 **Mary K. Spaid - Chairperson**

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

(NOTE: Registered Agent signature required when reinstating)

**2/2/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **BASLER, SHIRLEY**  
STREET ADDRESS **7171 SW ST. RD. 200**  
CITY-ST-ZIP **OCALA FL**

TITLE **DT** ☐ DELETE

NAME **KENISTON, ARTHUR H**  
STREET ADDRESS **3507 N.E. 12TH ST**  
CITY-ST-ZIP **OCALA FL**

TITLE **DC** ☒ DELETE

NAME **STEWART, BLAIR**  
STREET ADDRESS **7171 SW STATE RD 200**  
CITY-ST-ZIP **OCALA FL**

TITLE **DS** ☐ DELETE

NAME **SPAUD, MARY**  
STREET ADDRESS **417 N.E. 18TH AVE.**  
CITY-ST-ZIP **OCALA FL**

TITLE **DCC** ☒ DELETE

NAME **EASTMAN, GEORGE**  
STREET ADDRESS **2000 SE 173RD CT.**  
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE **DVC** ☐ DELETE

NAME **CARD, DORIS**  
STREET ADDRESS **8672 C SW 96TH LN.**  
CITY-ST-ZIP **OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice Chairperson (V)(D)** ☐ Change ☒ Addition

1.2 NAME **Richard Stump**  
1.3 STREET ADDRESS **4343 N.W. 80th Ave**  
1.4 CITY-ST-ZIP **Ocala, FL 34482**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **Secretary (S)(D)** ☐ Change ☒ Addition

3.2 NAME **Marion Jermyn**  
3.3 STREET ADDRESS **1901 S.E. 24th Rd, Apt 147**  
3.4 CITY-ST-ZIP **Ocala, FL 34471**

4.1 TITLE **Chairperson (C)(D)** ☒ 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 **D** ☒ 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.

SIGNATURE: **Mary K. Spaid, Chairperson** **Mary K. Spaid** **2/2/98** **(352) 351-0816**

CR2507 (10/97)