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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 28 **417 N.E. 18th Ave.**
22 City & State 27
23 **Ocala, FL**
24 Zip 25 Country 29 **34470** 30 **Marion**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DR BLAIR STEWART
FIRST CONGREGATIONAL CHURCH
7171 STATE ROAD 200
OCALA FL 34476**

10. Name and Address of New Registered Agent
81 Name **Mary K. Spaid**
82 Street Address (P.O. Box Number is Not Acceptable) **417 N.E. 18th Ave.**
83
84 City **Ocala** 85 **FL** 86 Zip Code **34470**

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** *Mary K. Spaid* **2/8/98**
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	D	<input checked="" type="checkbox"/> DELETE
NAME	BASLER, SHIRLEY	
STREET ADDRESS	7171 SW ST. RD. 200	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KENISTON, ARTHUR H	
STREET ADDRESS	3507 N.E. 12TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, BLAIR	
STREET ADDRESS	7171 SW STATE RD 200	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SPAUD, MARY	
STREET ADDRESS	417 N.E. 18TH AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	DCC	<input checked="" type="checkbox"/> DELETE
NAME	EASTMAN, GEORGE	
STREET ADDRESS	2000 SE 173RD CT.	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	DVC	<input type="checkbox"/> 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 (VC)(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary (S)(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marion Jermon	
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)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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* **2/8/98** **(352) 351-0816**

CP25037 (10/97)