


FILE NOW: FILING FEE IS \$61.25

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90011 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005214					
1. Corporation Name WIDOWED PERSONS SERVICE OF MARION COUNTY, INC.					
Principal Place of Business 7171 SW ST. RD. 200 OCALA FL 34476 US			Mailing Address 417 NE 18TH AVE OCALA FL 34470 US		



2. Principal Place of Business 21 4400 S.W. 32nd Place Suite, Apt. #, etc. 22 City & State 23 OCALA, FL Zip Country 24 34474 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/31/1995	
				4. FEI Number 59-3356780 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MARY K SPAID 417 NE 18TH AVE OCALA FL 34470				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VCD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARD STUMP			1.2 NAME	Blair Stewart		
STREET ADDRESS	4343 NW 80TH AVE			1.3 STREET ADDRESS	717 NE 18TH AVE ^{MS} State Rd. 200		
CITY-ST-ZIP	OCALA FL 34482			1.4 CITY-ST-ZIP	Ocala, FL 34476		
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENISTON, ARTHUR H			2.2 NAME			
STREET ADDRESS	3507 N.E. 12TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARION JERMYN			3.2 NAME	Ann Hall		
STREET ADDRESS	1801 SE 24TH RD #147			3.3 STREET ADDRESS	520 S.E. Ft. King St., Suite C-1		
CITY-ST-ZIP	OCALA FL 34471			3.4 CITY-ST-ZIP	Ocala, FL 34471		
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPAID, MARY			4.2 NAME			
STREET ADDRESS	417 N.E. 18TH AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARD, DORIS			5.2 NAME	Suzanne Maringione		
STREET ADDRESS	8672 C SW 96TH LN.			5.3 STREET ADDRESS	4400 S.W. 32nd Place		
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP	Ocala, FL 34474		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Mary Spaid **SIGNATURE REQUIRED** K. SPAID 2/22/99 (352) 867-5038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)