


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90001 019 \*\*\*\*70.00

<b>DOCUMENT # N95000005214</b>	
1. Entity Name <b>WIDOWED PERSONS SERVICE OF MARION COUNTY, INC.</b>	

Principal Place of Business <b>3620 NE 8TH PLACE OCALA FL 34476 US</b>	Mailing Address <b>11074 SW 69 CIRCLE OCALA FL 34476 US</b>
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2. Principal Place of Business <b>7171 SW SR 200</b>	3. Mailing Address <b>7171 SW SR 200</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ocala FL</b>	City & State <b>Ocala FL</b>
Zip <b>34476</b>	Zip <b>34476</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3356780</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KELSEY, DR. GEORGE W 11074 SW 69 CIRCLE OCALA FL 34476</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *George W. Kelsey* (NOTE: Registered Agent signature required when reinstating) *July 26, 2005* DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. CD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CRAIG, CLARK 2061 NE 40ST ST OCALA FL 34479 DT</b> <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	<b>KELSEY, GEORGE 7171 SW SR STATE RD 200 OCALA FL 34476 D</b> <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	<b>CONNELL, KIM MS QUIET OAKS 11311 SW 95TH CIR OCALA FL 34481 D</b> <input checked="" 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	<b>ORMOS, RICHARD H MR 12780 SE 92ND TER SUMMERFIELD FL 34491 VC</b> <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	<b>STEWART, BLAIR DR 7171 SW SR 200 OCALA FL 34476 D</b> <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	<b>O'CONNER, MARILYN MS 8970 SW 196TH TER RD DUNNELLON FL 34432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *George W. Kelsey* Treasurer *July 26, 2005* DATE