

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005214

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: WIDOWED PERSONS SERVICE OF MARION COUNTY, INC.

## Current Principal Place of Business:

7171 SW SR 200  
OCALA, FL 34476 US

## New Principal Place of Business:

## Current Mailing Address:

7171 SW SR 200  
OCALA, FL 34476 US

## New Mailing Address:

FEI Number: 59-3356780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELSEY, DR. GEORGE W  
11074 SW 69 CIRCLE  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

ORMOS, RICHARD H  
12780 SE 92ND TERRACE  
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: RICHARD H. ORMOS

03/24/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BLAIR, STEWART DR  
Address: 4875 NW 19TH ST  
City-St-Zip: OCALA, FL 34482

Title: DT ( ) Delete  
Name: KELSEY, GEORGE  
Address: 7171 SW SR STATE RD 200  
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete  
Name: ORMOS, RICHARD H MR  
Address: 12780 SE 92ND TER  
City-St-Zip: SUMMERFIELD, FL 34491

Title: DP (X) Delete  
Name: CRIBB, BARBARA  
Address: 3534 S.E. 8TH ST  
City-St-Zip: OCALA, FL 34471

Title: D (X) Delete  
Name: O'CONNER, MARILYN MS  
Address: 8970 SW 196TH TER RD  
City-St-Zip: DUNNELLON, FL 34432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR. (X) Change ( ) Addition  
Name: ORMOS, RICHARD H TREASUR  
Address: 12780 SE 92ND TERRACE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: MS. (X) Change ( ) Addition  
Name: CRIBB, BARBARA SEC  
Address: 3534 SE 8TH STREET  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD H. ORMOS

TRSR

03/24/2008

Electronic Signature of Signing Officer or Director

Date