

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005214

FILED
Mar 22, 2009
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:

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

Name and Address of New Registered Agent:

ORMOS, RICHARD H TR
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

03/22/2009

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MR. () Change (X) Addition
Name: ROGERS, JOHN A V CH
Address: 2720 NE 25TH ST.
City-St-Zip: OCALA, FL 34470

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

TREA

03/22/2009

Electronic Signature of Signing Officer or Director

Date