

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008847

**Entity Name:** WIDENING ADULT VITAL EXPERIENCES, INC.

**Current Principal Place of Business:**

TPP BUILDING 444 APPELYARD DRIVE  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

PO BOX 20044  
TALLAHASSEE, FL 32316 US

**FEI Number: 54-2094338**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHACK, WILLIAM  
TPP BUILDING 444 APPELYARD DRIVE  
TALLAHASSEE, FL 32304 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:** WILLIAM SCHACK

01/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name SCHACK, WILLIAM  
Address 3109 TIPPERARY DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title BOARD CHAIR  
Name CHAPMAN, CYNTHIA  
Address 1025 ALACHUA AVE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name LAFOLLETTE, MATT  
Address 1025 ALACHUA AVE.  
City-State-Zip: TALLAHASSEE FL 32308

Title TE  
Name DEANGELIS, WILLIAM  
Address 2348 FOXBORO WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title TE  
Name PIEPHOFF, ELIZEBETH E.  
Address 2348 FOXBORO WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title TE  
Name THOMPSON, VIVIAN  
Address PO BOX 322  
City-State-Zip: MONTICELLO FL 32345

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM SCHACK

**EXECUTIVE DIRECTOR**

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date