

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008847

Entity Name: WIDENING ADULT VITAL EXPERIENCES, INC.**Current Principal Place of Business:**820 E. PARK AVENUE
BUILDING I-100 BOX # 10
TALLAHASSEE, FL 32301**Current Mailing Address:**820 E. PARK AVENUE
BUILDING I-100 BOX # 10
TALLAHASSEE, FL 32301 US**FEI Number:** 54-2094338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALDRIDGE LAWSON, TERRI SUE
2595 FARRAGUT WAY
TALLAHASSEE, FL 32312 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:** TERRI SUE ALDRIDGE LAWSON

03/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST
PRESIDENT/DIRECTOR
Name CHAPMAN, CYNTHIA
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

Title BOARD PRESIDENT
Name SERVAIS, HEATHER
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name FILLYAW, KELLI F
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name PYLE, MARISSA
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LAFOLLETTE, MATT
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

Title TE
Name FALLS, JOHN
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

Title CEO
Name ALDRIDGE LAWSON, TERRI SUE
Address 2595 FARRAGUT WAY
City-State-Zip: TALLAHASSEE FL 32312

Title TREASURER
Name LASLIE, LISEL
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

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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: TERRI SUE ALDRIDGE LAWSON**EXECUTIVE DIRECTOR**

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NTOUDA, NYDIA
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name TIAM-FOOK, PENELOPE
Address 820 E. PARK AVENUE
BUILDING I-100 BOX # 10
City-State-Zip: TALLAHASSEE FL 32301