

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N02000008847

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

**Current Principal Place of Business:**

2348 FOXBORO WAY  
TALLAHASSEE, FL 32309

**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:**

DEANGELIS, WILLIAM  
2348 FOXBORO WAY  
TALLAHASSEE, FL 32309 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD CHAIR  
Name CHAPMAN, CYNTHIA  
Address 3201 MICCOSUKEE RD.  
#4-B  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name LAFOLLETTE, MATT  
Address 3201 MICCOSUKEE RD.  
#4-B  
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, ELIZABETH 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

Title INTERIM EXECUTIVE DIRECTOR  
Name DEANGELIS, WILLIAM J.  
Address 2348 FOXBORO WAY  
City-State-Zip: TALLAHASSEE FL 32309

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

Title TE  
Name SERVAIS, HEATHER  
Address 5300 ST. IVES LANE  
City-State-Zip: TALLAHASSEE FL 32309

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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:** WILLIAM J. DEANGELIS

**INTERIM MEXECUTIVE  
DIRECTOR**

**08/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                    TE  
Name                    FALLS, JOHN  
Address                7709 BASS RIDGE TRAIL  
City-State-Zip:    TALLAHASSEE FL 32312

Title                    TE  
Name                    RAPP, GAIL  
Address                2356 FOXBORO WAY  
City-State-Zip:    TALLAHASSEE FL 32309