

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005298

FILED  
Aug 27, 2009  
Secretary of State

Entity Name: WHALING WOMEN WIN, INC.

## Current Principal Place of Business:

419 GEORGETOWN DR  
TALLAHASSEE, FL 32305

## New Principal Place of Business:

2117 LOYAL LANE  
APT #1  
TALLAHASSEE, FL 32303

## Current Mailing Address:

P. O. BOX 554  
WOODVILLE, FL 32362

## New Mailing Address:

FEI Number: 50-0004343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MAXWELL, TAWANNA  
411 GEORGETOWN DR  
TALLAHASSEE, FL 32305      US

## Name and Address of New Registered Agent:

MAXWELL, TAWANNA  
2117 LOYAL LANE  
APT #1  
TALLAHASSEE, FL 32303      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: \_\_\_\_\_

08/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: MAXWELL, TAWANNA  
Address: 411 GEORGETOWN DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP      ( ) Delete  
Name: MAXWELL, NATHANIEL JR  
Address: 411 GEORGETOWN DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: S      ( ) Delete  
Name: HERRING, FAYE  
Address: 2200 SOUTH PEMBROKE COURT  
City-St-Zip: TALLAHASSEE, FL 32311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: MAXWELL, TAWANNA  
Address: 2117 LOYAL LANE, APT #1  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP      (X) Change ( ) Addition  
Name: MAXWELL, NATHANIEL JR  
Address: 2117 LOYAL LANE, APT #1  
City-St-Zip: TALLAHASSEE, FL 32303

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: TAWANNA L. MAXWELL

P

08/27/2009

Electronic Signature of Signing Officer or Director

Date