

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007690

DOCUMENT # N02000005298

1. Entity Name
WHALING WOMEN WIN, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -2 PM 4: 26

Principal Place of Business
11 BO BBO J RD
CRAWFORDVILLE FL 32327

Mailing Address
P.O. BOX 554
WOODVILLE FL 32362

2. Principal Place of Business

11 Bo Bo J Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-0004343

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MAXWELL, TAWANNA
11 BO BBO J RD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11 Bo Bo J Road

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: President/CEO
NAME: Tawanna Maxwell
STREET ADDRESS: 11 Bo Bo J Road
CITY-ST-ZIP: Crawfordville, FL 32327

☐ Delete

TITLE: Vice President
NAME: Nathaniel Maxwell, Jr.
STREET ADDRESS: 11 Bo Bo J Road
CITY-ST-ZIP: Crawfordville, FL 32327

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TITLE: Fiscal Administrator
NAME: Faye Herring
STREET ADDRESS: 2200 South Rembrake Court
CITY-ST-ZIP: Tallahassee, Florida 32311

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

September 2, 2003

CR2E037 (10/02)