2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N04000007399

Entity Name: DADE CITY WIDOWS MITE, INC.

Current Principal Place of Business:

20542 MICKENS CIRCLE
TRILBY, FL 33593

New Principal Place of Business:

Current Mailing Address:

PO BOX 573
LACOOCHEE, FL 33537

New Mailing Address:

FEI Number: 20-1612826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, DAVID J
14217 THIRD STREET
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WELLS, HAZEL R
Address: 20542 MICKENS CIRCLE
City-St-Zip: TRILBY, FL 33593

Title: D ( ) Delete
Name: WILSON, AMELIA
Address: 37126 GOLDENROD CT
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HAZEL WELLS CEO 03/17/2009

Electronic Signature of Signing Officer or Director — Date