2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # N99000003327 FILED 1. Entity Name WIDÓWS & WIDOWERS ASSOCIATION, INC. 04 APR 30 AM 8: 28 SECRETARY OF STATE Principal Place of Business Mailing Address T**ALLA**HASSEE. FLORIDA 551 W CAROLINA ST 551 W CAROLINA ST TALLAHASSEE, FL 3230 TALLAHASSEE, FL 3230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0923646 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWLS, JAMES Street Address (P.O. Box Number is Not Acceptable) 551 W CAROLINA ST TALLAHASSEE, FL 32303 City Zip Code FI 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ■ Addition TITLE ☐ Delete TITLE 200035847842 GRIFFIN, LINN ANN J NAME NAME 05/11/04-01011-007 STREET ADDRESS **527 W TUSKEEGEE ST** STREET ADDRESS **81.25 CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition LAWRENCE, DARRELL L NAME NAME STREET ADDRESS 5371 GROVE VALLEY RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DENNIS, ALFRED NAME NAME STREET ADDRESS 2217 GREENWICH WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROWLS, JAMES NAME NAME 2716 SETTERS PL STREET ADDRESS STREET ADDRESS CITY-SY-ZIP TALLAHASSEE, FL 32303 COY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME RANDOLPH, MARTHA NAME STREET ADDRESS 1820 KEITH STREET STREET ADDRESS CITY-ST-Z/P TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE Delete TITLE **C**hange ☐ Addition NAME SOLOMAN, ROSETTA M NAME LIZZIE STREET ADDRESS 3861 ROBERTS AVE STREET ADDRESS 1554 TANGELO DE CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TALLAHUSEE Florida 32310 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 of the repeiver or trustee improvered 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 add empowered.