

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003327

1. Entity Name  
WIDOWS & WIDOWERS ASSOCIATION, INC.



Principal Place of Business  
551 W CAROLINA ST  
TALLAHASSEE, FL 32301

Mailing Address  
551 W CAROLINA ST  
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0923646

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWLS, JAMES  
551 W CAROLINA ST  
TALLAHASSEE, FL 32301

Name

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

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

Filing Fee is \$61.25  
Due by September 6, 2006

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 D ☐ Delete  
NAME GRIFFIN, LINN ANN J  
STREET ADDRESS 527 W TUSKEGEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D ☐ Delete  
NAME LAWRENCE, DARRELL L  
STREET ADDRESS 5371 GROVE VALLEY RD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete  
NAME DENNIS, ALFRED  
STREET ADDRESS 2217 GREENWICH WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE P ☐ Delete  
NAME ROWLS, JAMES  
STREET ADDRESS 2716 SETTERS PL  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V ☒ Delete  
NAME RANDOLPH, MARTHA  
STREET ADDRESS 1820 KEITH STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE S ☐ Delete  
NAME DAVIS, LIZZIE  
STREET ADDRESS 1554 TANGELO DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME THELMA HOPKINS  
STREET ADDRESS 551 W. CAROLINA ST  
CITY-ST-ZIP TALLAHASSEE FLORIDA 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 MAY -5 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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May 5 2006