


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003327 1. Entity Name WIDOWS & WIDOWERS ASSOCIATION, INC.	
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Principal Place of Business 551 W CAROLINA ST TALLAHASSEE, FL 32301	Mailing Address 551 W CAROLINA ST TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

FILED

08 JUN -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0923646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROWLS, JAMES
551 W CAROLINA ST
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS


TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, LINN ANN J 527 W TUSKEEGEE ST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, DARRELL L 5371 GROVE VALLEY RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, ALFRED 2217 GREENWICH WAY TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWLS, JAMES 2716 SETTERS PL TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOPKINS, THELMA 551 W. CAROLINA ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, LIZZIE 1554 TANGELO DR. TALLAHASSEE, FL 32310

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000131282770
06/13/08--01025--022 **61.25

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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:  6/2/08 850 224 2139

Date Daytime Phone #