2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N99000003327

Entity Name: WIDOWS & WIDOWERS ASSOCIATION, INC.

Current Principal Place of Business:

551 W CAROLINA ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

551 W CAROLINA ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 65-0923646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROWLS, JAMES
551 W CAROLINA ST
TALLAHASSEE, FL 32301 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:	GRIFFIN, LINN ANN J	
Address:	527 W TUSKEEGEE ST	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	LAWRENCE, DARRELL L	
Address:	5371 GROVE VALLEY RD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	DENNIS, ALFRED	
Address:	2217 GREENWICH WAY	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	P	( ) Delete
Name:	ROWLS, JAMES	
Address:	2716 SETTERS PL	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	V	( ) Delete
Name:	HOPKINS, THELMA	
Address:	551 W. CAROLINA ST.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	S	( ) Delete
Name:	DAVIS, LIZZIE	
Address:	1554 TANGELO DR.	
City-St-Zip:	TALLAHASSEE, FL 32310	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JAMES ROWLS P 05/11/2009
Electronic Signature of Signing Officer or Director — Date