

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 046 ****70.00

DOCUMENT # N02000004912 1. Entity Name BRENDA A. WILLIAMS, INC.			
Principal Place of Business 2206 PATTERSON ST ORLANDO, FL 32811		Mailing Address 2206 PATTERSON ST ORLANDO, FL 32811	
2. Principal Place of Business 2206 Patterson St.		3. Mailing Address 2206 Pattnson st	
Suite, Apt. #, etc. House		Suite, Apt. #, etc. House	
City & State Orlando Fla.		City & State Orlando, Fla.	
Zip 32811	Country Orange	Zip 32811	Country Orange
6. Name and Address of Current Registered Agent WILLIAMS-BRENDA-A 4607 MOIRA ST ORLANDO, FL 32811		7. Name and Address of New Registered Agent 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 <u>Brenda A. Williams</u> <u>Brenda A. Williams</u> <u>9/16/04</u> 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 8, 2004		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, BRENDA A 4607 MOIRA ST ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, REGINALD 4607 MOIRA ST ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GASKIN, SHARON 4607 MOIRA ST ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, LUCRETIA 4607 MOIRA ST ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: <u>Brenda A. Williams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>9/16/04</u> <u>407-8432899</u> Date Daytime Phone #	

54073355



09022004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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