2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # 749742 1. Entity Name THE WILLIAM R. WATTS FOUNDATION, INC.						04-14-2008	8 90051 0	33 ****6	51.25	
Principal Place of Business C/O 2601 E OAKLAND PK. BLVD. STE. 405 FORT LAUDERDALE, FL 33306 US Mailing Address %GREATON AND GREATO P.O. BOX 39238 FORT LAUDERDALE, FL 3						4 (00681	42 	 	
Principal Place of Business - No P.O. Box # Mailing Address						II. III III III III III III III III III				
Suite, Apt. #, etc. SUITE 201			Suite, Apt. #, etc.		04102008	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State		4. FEI Number 59-1971			⊢	oplied For ot Applicable	
Zip	Country		Zip	Country	5. Certificate of	of Status Desired		\$8.75 Add ee Require		
Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered A	gent		
GREATON, WILSON B., JR.				Name						
2601 E OAKLAND PARK BLVD SUITE 405				Street Add	Street Address (P.O. Box Number is Not Acceptable)					
FORT LAU	JDERDALE, FL	-		SUITE	E 201					
: 				City	· · · · · · · · · · · · · · · · · · ·					
8. The above the obligat	ions of registered a	e BA				n, in the State of Fl		amiliar with, /10/08	and accept	
	Signature, typed or printe	ed name of registered agent and title	rappiicable. (NOTE: R	edizinieo vitesi aitualnie i	required when reinstating)		DATE			
	Filing Fee Is Due by May 1	\$61.25	9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be	• 1	Make check rida Depart			
10.	Filing Fee Is	\$61.25	9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	• 1	Make check rida Depart	ment of Si	tate	
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12. Thereby certify that the information supplied with this filling 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 ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

Date

954/561-0313

Daytime Phone #