

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755369 (6)
1. Corporation Name
ARTHUR J. AND MARIE H. WILLIAMS FOUNDATION, INC.



Principal Place of Business Mailing Address
5230 SOUTH ORANGE AVENUE 5230 SOUTH ORANGE AVENUE
EDGEWOOD FL 32809 EDGEWOOD FL 32809

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1980		3a. Date of Last Report 07/07/1995	
21		26		4. FEI Number 47-1337433		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ARTHUR J
5230 SOUTH ORANGE AVENUE
EDGEWOOD FL 32809

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ARTHUR J		1.2 NAME	
STREET ADDRESS	71 INTERLAKEN ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LARRY		2.2 NAME	
STREET ADDRESS	4 ISLE OF SICILY		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, F. RAY		3.2 NAME	
STREET ADDRESS	2046 COUNTRY SIDE CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MICHAEL		4.2 NAME	
STREET ADDRESS	12800 BROLEMAN ROAD		4.3 STREET ADDRESS	1235 Old Mill Road
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES P		5.2 NAME	
STREET ADDRESS	615 NORTH WYMORE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRUM, PAT		6.2 NAME	
STREET ADDRESS	1704 BIMINI DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur J. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)