

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002244

FILED  
Jan 18, 2006  
Secretary of State

**Entity Name:** THE B.J. PALMER HISTORIC HOME FOUNDATION, INC.

**Current Principal Place of Business:**

3635 VELMA DRIVE  
POWDER SPRINGS, GA 30127

**New Principal Place of Business:**

1950 OLD CONCORD RD  
SMYRNA, GA 30080

**Current Mailing Address:**

1950 OLD CONCORD RD. SE  
SMYRNA, GA 30080

**New Mailing Address:**

**FEI Number:** 04-3681370      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARTH, DIANE  
1144 MORNINGSIDE PLACE  
SARASOTA, FL 34236 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: PC ( ) Delete  
Name: WILLIAMS, SID E DR  
Address: 3635 VELMA DRIVE  
City-St-Zip: POWDER SPRINGS, GA 30127

Title: VPVC ( ) Delete  
Name: WILLIAMS, NELL K DR  
Address: 3635 VELMA DRIVE  
City-St-Zip: POWDER SPRINGS, GA 30127

Title: STD ( ) Delete  
Name: WILLIAMS, KIM DR  
Address: 3633 VELMA DRIVE  
City-St-Zip: POWDER SPRINGS, GA 30127

Title: D ( ) Delete  
Name: WILLIAMS, JOHN SYDNEY DR  
Address: 1950 OLD CONCORD RD. SE  
City-St-Zip: SMYRNA, GA 30080

**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: D (X) Change ( ) Addition  
Name: WILLIAMS, JOHN SIDNEY DR  
Address: 1950 OLD CONCORD RD. SE  
City-St-Zip: SMYRNA, GA 30080

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. SID E. WILLIAMS

PC

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date