

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000239

1. Entity Name
**LEONARD AND MARJORIE WILLIAMS FAMILY
FOUNDATION, INC.**



Principal Place of Business
**1603 EAST MARKS STREET
ORLANDO, FL 32803**

Mailing Address
**1603 EAST MARKS STREET
ORLANDO, FL 32803**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3688456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, LEONARD E.
1603 EAST MARKS STREET
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LEONARD E 2518 NORFOLK RD. ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MAJORIE H 2518 NORFOLK RD. ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LEONARD E JR 2518 NORFOLK RD. ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN A 2518 NORFOLK RD. ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MICHAEL J 2518 NORFOLK RD. ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/29/08-80079-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 2008 407.896.6111
Date Daytime Phone #