

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

0000730

**DOCUMENT # N00000007963**

1. Entity Name

**ORACENE WILLIAMS LEARNING FOUNDATION, INC.**

05-13-2002 90181 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**5841 CORPORATE WAY STE 104  
 WEST PALM BEACH FL 33407**

**5841 CORPORATE WAY STE 104  
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-2297314**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ORACENE  
 5841 CORPORATE WAY STE 104  
 WEST PALM BEACH FL 33407**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Delete  
 NAME: **PVST WILLIAMS, ORACENE**  
 STREET ADDRESS: **5841 CORPORATE WAY STE 104**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33407**

TITLE:  Change  Addition  
 NAME: **Williams, Oracene**  
 STREET ADDRESS: **5841 Corporate Way, Ste 104**  
 CITY-ST-ZIP: **West Palm Beach, FL 33407**

TITLE:  Delete  
 NAME: **D BAILEY, LARRY**  
 STREET ADDRESS: **1900 K STREET N.W.**  
 CITY-ST-ZIP: **WASHINGTON DC 20006**

TITLE:  Change  Addition  
 NAME: **TD Bailey, Larry**  
 STREET ADDRESS: **1900-K-Street-NW**  
 CITY-ST-ZIP: **Washington, DC 20006**

TITLE:  Delete  
 NAME: **D WILLIAMS, ORACENE**  
 STREET ADDRESS: **5841 CORPORATE WAY SUITE 104**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33401**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **D PRICE, ISHA**  
 STREET ADDRESS: **1005 K STREET N.E.**  
 CITY-ST-ZIP: **WASHINGTON DC 20002**

TITLE:  Change  Addition  
 NAME: **SD Price, Isha**  
 STREET ADDRESS: **1005 K Street NE**  
 CITY-ST-ZIP: **Washington, DC 20002**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Oracene Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)