

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003470

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** LARRY E. WILLIAMS AND JOYCE M. WILLIAMS PRIVATE FOUNDATION, INC.

**Current Principal Place of Business:**

300 PARK AVENUE NORTH  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

300 PARK AVENUE NORTH  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 30-0085441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, LARRY E  
300 PARK AVENUE NORTH  
WINTER PARK, FL 32789 US

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

MILLER, SCOTT G  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO, FL 32801 US

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: SCOTT G. MILLER

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, LARRY E  
Address: 300 PARK AVE. N  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: WILLIAMS, JOYCE M  
Address: 300 PARK AVE. N  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: WILLIAMS, KENT  
Address: 2348 FALMOUTH ROAD  
City-St-Zip: MAITLAND, FL 32757

**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:

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: LARRY E. WILLIAMS

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date