

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004869

FILED
Aug 11, 2004
Secretary of State

Entity Name: ELLA KIRKLAND-WILLIAMS FOUNDATION, INC.

Current Principal Place of Business:

C/O SIMPSON STAFFING SERVICES, INC.
4300 W. CYPRESS STREET, SUITE 380
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

C/O SIMPSON STAFFING SERVICES, INC.
4300 W. CYPRESS STREET, SUITE 380
TAMPA, FL 33607

New Mailing Address:

FEI Number: 92-0190121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, ANNETTE
C/O SIMPSON STAFFING SERVICES, INC.
4300 W. CYPRESS STREET, SUITE 380
TAMPA, FL 33607 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: PD () Delete
Name: HOFFMAN, ANNETTE
Address: 4300 W. CYPRESS STREET, SUITE 380
City-St-Zip: TAMPA, FL 33607

Title: CEO () Delete
Name: HOFFMAN, ANNETTE
Address: 4300 W. CYPRESS STREET, SUITE 380
City-St-Zip: TAMPA, FL 33607

Title: VPD () Delete
Name: SIMPSON HOFFMAN, NKENG
Address: 4300 W. CYPRESS STREET, SUITE 380
City-St-Zip: TAMPA, FL 33607

Title: VPD () Delete
Name: MCBRIDE, SYLVESTER
Address: 4300 W. CYPRESS STREET, SUITE 380
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFFMAN, ANNETTE
Address: 33 CAMBRIDGE PLACE
City-St-Zip: BROOKLYN, NY 11238 US

Title: CEO (X) Change () Addition
Name: HOFFMAN, ANNETTE
Address: 33 CAMBRIDGE PLACE
City-St-Zip: BROOKLYN, NY 11238 US

Title: VPD (X) Change () Addition
Name: SIMPSON HOFFMAN, NKENG
Address: 33 CAMBRIDGE PLACE
City-St-Zip: BROOKLYN, NY 11238 US

Title: VPD (X) Change () Addition
Name: MCBRIDE, SYLVESTER
Address: 4609 JOHN BELL DRIVE
City-St-Zip: TAMPA, FL 33610 US

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

PD

08/11/2004

Electronic Signature of Signing Officer or Director

Date