2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000004869

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:	33 CAMBRIDGE PLACE	
City-St-Zip:	BROOKLYN, NY 11238 US	
Title:	CEO	( ) Delete
Name:	HOFFMAN, ANNETTE	
Address:	33 CAMBRIDGE PLACE	
City-St-Zip:	BROOKLYN, NY 11238 US	
Title:	VPD	( ) Delete
Name:	SIMPSON HOFFMAN, NKENGE	
Address:	33 CAMBRIDGE PLACE	
City-St-Zip:	BROOKLYN, NY 11238 US	
Title:	VPD	( ) Delete
Name:	MCBRIDE, SYLVESTER	
Address:	4609 JOHN BELL DRIVE	
City-St-Zip:	TAMPA, FL 33610 US	

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:	( ) 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 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 P 04/29/2005

Electronic Signature of Signing Officer or Director — Date