

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90039 019 ****61.25



1st MOORE CR2E037 (10/07)

DOCUMENT # N04000004836					
1. Entity Name FWCCA BILL WILLIAMS SCHOLARSHIP FOUNDATION, INC.					
Principal Place of Business 315 MELODY LANE CASSELBERRY FL 32707		Mailing Address 315 MELODY LANE CASSELBERRY FL 32707			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1895898	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
FICARROTTO, JANICE 315 MELODY LANE CASSELBERRY FL 32707		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent cannot be registered when re-registering)</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KEENAN, MARK		NAME	Pete Costello	
STREET ADDRESS	500 PICKFORD POINT		STREET ADDRESS	315 W. Melody Lane	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Greg Kovacs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARROSO, ORTELIO		NAME	315 W. Melody Lane	
STREET ADDRESS	223 SW 28TH STREET		STREET ADDRESS	Casselberry, FL 32707	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		CITY-ST-ZIP		
TITLE	SI	<input checked="" type="checkbox"/> Delete	TITLE	Bill Studstill	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTON, LARRY		NAME	315 W. Melody Lane	
STREET ADDRESS	9 OAK DRIVE		STREET ADDRESS	Casselberry, FL 32707	
CITY-ST-ZIP	Ocala FL 34472		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, CHRIS		NAME		
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Jack Burkley	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBRIN, HARVEY		NAME	315 W. Melody Lane	
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS	Casselberry, FL 32707	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HISLOP, JOHN		NAME		
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>			Date: 2/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		