

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N04000004836

Entity Name: FWCCA BILL WILLIAMS SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

315 MELODY LANE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

315 MELODY LANE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-1895898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICARROTTO, JANICE
315 MELODY LANE
CASSELBERRY, FL 32707 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: P () Delete
Name: COSTELLO, PETE
Address: 315 W. MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: KOVACS, GREG
Address: 315 W. MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: ST () Delete
Name: STUDDILL, BILL
Address: 315 W. MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: C () Delete
Name: MURPHY, CHRIS
Address: 315 MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: BURLEY, JEFF
Address: 315 W. MELDOY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: HISLOP, JOHN
Address: 315 MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

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:

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 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: JANICE FICARROTTO

Electronic Signature of Signing Officer or Director

MRS.

01/05/2009

Date