

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004836

FILED  
Mar 31, 2010  
Secretary of State

**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  
Name: COSTELLO, PETE  
Address: 315 W. MELODY LANE  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: ST  
Name: STUDSTILL, BILL  
Address: 315 W. MELODY LANE  
City-St-Zip: CASSELBERRY, FL 32707

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** JANICE FICARROTTO

MRS.

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date