

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009372

FILED
Sep 19, 2006
Secretary of State

Entity Name: WADDELL, WILLIAMS & ASSOCIATES FOUNDATION, INC.

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, LAWRENCE R
215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 US

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: LAWRENCE R. WILLIAMS, JR.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: WADDELL, ERIC J
Address: 1218 MALONA STREET
City-St-Zip: REUNION, FL 34747

Title: V-CH () Delete
Name: WILLIAMS, LAWRENCE R JR.
Address: 215 CELEBRATION PI #500
City-St-Zip: CELEBRATION, FL

Title: D H () Delete
Name: WADDELL, EDIE
Address: 1218 MALONA STREET
City-St-Zip: REUNION, FL 34747

Title: D () Delete
Name: HILL, J. NATHAN
Address: 209 ST. CUTHBERT
City-St-Zip: WILLIAMSBURG, VA 23188

Title: D () Delete
Name: WILLIAMS, HERBERT
Address: 3908 ROYAL PORT RUSH RD
City-St-Zip: NAPERVILLE, IL 60564

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE R. WILLIAMS, JR.

V-CH

09/19/2006

Electronic Signature of Signing Officer or Director

Date