

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010317

FILED
Apr 23, 2007
Secretary of State

Entity Name: DR. TANISHA L. WILLIAMS SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1073 CHERRY POINT WAY
JACKSONVILLE, FL 32218

New Principal Place of Business:

4248 STUDIO PARK AVENUE
JACKSONVILLE, FL 32216

Current Mailing Address:

1073 CHERRY POINT WAY
JACKSONVILLE, FL 32218

New Mailing Address:

4248 STUDIO PARK AVENUE
JACKSONVILLE, FL 32216

FEI Number: 42-1679891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TANYA F
1073 CHERRY POINT WAY
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

WILLIAMS, TANYA F
4248 STUDIO PARK AVENUE
JACKSONVILLE, FL 32216 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:

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WILLIAMS, TANYA F
Address: 1073 CHERRY POINT WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: FRAZIER, CAROLYN DR.
Address: 1657 LAWRENCE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD () Delete
Name: MCCRARY, EARL C III
Address: 212 S. KEECH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: SHEFFIELD, BONNIE
Address: 1160 EDITH DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BRENNON, TARRYN ESQ.
Address: 100 MANHATTEN AVE., APT. #615
City-St-Zip: UNION CITY, NJ 070875240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: WILLIAMS, TANYA F
Address: 4248 STUDIO PARK AVENUE
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MCCRARY, EARL C III
Address: 133 CORAL CIRCLE
City-St-Zip: SOUTH DAYTONA, FL 32119

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: TANYA F. WILLIAMS

PCD

04/23/2007

Electronic Signature of Signing Officer or Director

Date