

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012789

1. Entity Name
WALLY ADAMS FOUNDATION, INC.



Principal Place of Business
**2222 WEST PIERCE STREET
LAKE ALFRED, FL 33850**

Mailing Address
**2222 WEST PIERCE STREET
LAKE ALFRED, FL 33850**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4207093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, CHARLES W JR.
2222 WEST PIERCE STREET
LAKE ALFRED, FL 33850**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, CHARLES W JR. 1000 LAKE HAMILTON DRIVE WEST WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARGIE E 1000 LAKE HAMILTON DRIVE WEST WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, CHARLES W III 1175 AVENUE Z,S.E. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARY PATRICIA P.O.BOX 1364 AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, BEN R 1920 LAKE HOWARD DRIVE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/07-80039-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: C. W. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 863 956-1908
Date Daytime Phone #