2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008839

Title:

Name:

Address:

City-St-Zip:

ADEL WILLIAMS FOUNDATION INC

FILED May 02, 2007 Secretary of State

Entity Nan	ne: ADEL WILLIAMS FOUNDATION INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
PO BOX 1137 DELAND, FL 32720		1004 N WOODLAND BLVD SUITE 3-4 DELAND, FL 32720		
Current Mailing Address:		New Mailing Address:		
PO BOX 11 DELAND, F				
	20-5458673 FEI Number Applied For() FEI N e with s. 607.193(2)(b), F.S., the corporation did not receiv Address of Current Registered Agent:	•	Certificate of Status Desired() of New Registered Agent:	
1111 LINC	TATES CORPORATION AGENTS INC DLN RD SUITE 400 CH, FL 33139 US			
The above in the State	named entity submits this statement for the purpose of Florida.	e of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delete FRANKS, JEFFRY 1167 BALFOUR DRIVE DELTONA, FL 32725	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete SMITH, GERRI 3124 BOXELDER ST DELTONA, FL 32725	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete HURD, CHRISTINE 950 S. WOODLAND BLVD. DELAND, FL 32724	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete WILLIAMS, JAMES C 1004 N. WOODLAND BLVD., SUITE 1 DELAND, FL 32724	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES WILLIAMS TREA 05/02/2007

() Delete

MELIGNANO, ROBERT

108 SEA SPARROW CT.

DAYTONA BEACH, FL 32117

() Change () Addition