2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# N07000010270

Entity Name: WILLIAMSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

89151 OLD HIGHWAY
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

89151 OLD HIGHWAY
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 26-1281337 **FEI Number Applied For ( )** **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:

WILLIAMSON, ROBERT
89151 OLD HIGHWAY
TAVERNIER, FL 33070 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: D ( ) Delete
Name: WILLIAMSON, ROBERT
Address: 89151 OLD HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: WILLIAMSON, TERESA
Address: 89151 OLD HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: WILLIAMSON, MICHAEL
Address: 89151 OLD HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: WILLIAMSON, JONATHAN
Address: 89151 OLD HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

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:

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.

SIGNATURE: ROBERT WILLIAMSON MR 07/08/2009

Electronic Signature of Signing Officer or Director — Date