

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003692

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** THE JIMMY WILLIAMS FOUNDATION, INC.

**Current Principal Place of Business:**

3331 SUMMIT BOULEVARD  
139  
PENSACOLA, FL 62959 US

**New Principal Place of Business:**

3331 SUMMIT BOULEVARD  
66  
PENSACOLA, FL 32503 US

**Current Mailing Address:**

3331 SUMMIT BOULEVARD  
139  
PENSACOLA, FL 62959 US

**New Mailing Address:**

3331 SUMMIT BOULEVARD  
66  
PENSACOLA, FL 32503 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, JOSEPH R  
3331 SUMMIT BOULEVARD  
139  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

WILLIAMS, JOSEPH R  
3331 SUMMIT BOULEVARD  
66  
PENSACOLA, FL 32503 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/02/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, JOSEPH R  
Address: 3331 SUMMIT BOULEVARD APT 66  
City-St-Zip: PENSACOLA, FL 32503 US

Title: VP  
Name: RICE, ERIN E  
Address: 1717 WEST MAPLEWOOD STREET  
City-St-Zip: MARION, IL 62959 US

Title: SEC  
Name: DAVIS, JEREMY R  
Address: 206 SOUTH FAIR STREET  
City-St-Zip: MARION, IL 62959 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH WILLIAMS

P

03/02/2011

Electronic Signature of Signing Officer or Director

Date