

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006430

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** TRAVIS LEE WOODS FOUNDATION, INC.

**Current Principal Place of Business:**

508 SE CROSSPOINT DRIVE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

508 SE CROSSPOINT DRIVE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 27-3019870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, REGINALD M  
508 SE CROSSPOINT DRIVE  
PORT ST. LUCIE, FL 34983 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  
Name: WILLIAMS, REGINALD M  
Address: 508 SE CROSSPOINT DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D  
Name: JAVIER, CAMELIA N  
Address: 508 SE CROSSPOINT DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D  
Name: SELPH, BRIAN  
Address: 3825 SPRINGSIDE LANE  
City-St-Zip: COLLEGE PARK, GA 30349

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: REGINALD WILLIAMS

MR

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date