


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N12994 1. Entity Name THE BETTY WILLIAMS FOUNDATION, INC.	
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Principal Place of Business % JACQUELYN WILLIAMS CAOLO 131 E. WOODLAND DR. SANFORD, FL 32773	Mailing Address % JACQUELYN WILLIAMS CAOLO 131 E. WOODLAND DR. SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2804096	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAOLO, JACQUELYN WILLIAMS
131 E. WOODLAND DR.
SANFORD, FL 32771**

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000665382 03/23/07 00027 003 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS CAOLO, JACK PATTON 2833 DYER ST DALLAS, TX 75205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAOLO, JACQUELYN W. 131 E. WOODLAND DR. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DODDRIDGE, AMY 2536 MOHAWK AVENUE SANFORD, FL 32773
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jack P. Caolo* **JACK P. CAOLO** **MARCH 8, 2007** **214-505-1981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #