

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12994

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

% JACQUELYN WILLIAMS CAOLO  
131 E. WOODLAND DR.  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

% JACQUELYN WILLIAMS CAOLO  
131 E. WOODLAND DR.  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 59-2804096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAOLO, JACQUELYN WILLIAMS  
131 E. WOODLAND DR.  
SANFORD, FL 32771 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: DCS ( ) Delete  
Name: CAOLO, JACK PATTON  
Address: 2833 DYER ST  
City-St-Zip: DALLAS, TX 75205

Title: PD ( ) Delete  
Name: CAOLO, JACQUELYN W.  
Address: 131 E. WOODLAND DR.  
City-St-Zip: SANFORD, FL 32773

Title: DV ( ) Delete  
Name: DODDRIDGE, AMY  
Address: 2536 MOHAWK AVENUE  
City-St-Zip: SANFORD, FL 32773

**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:

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: JACK P. CAOLO

DCS

04/28/2009

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

\_\_\_\_\_  
Date