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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18446

1. Corporation Name

FRANK WILLIAMS FOUNDATION, INC.

Principal Place of Business

% FRANK M. WILLIAMS MD.
1211 REYNOLDS AVENUE
CLEARWATER FL 33756
US

Mailing Address

% FRANK M. WILLIAMS MD.
1211 REYNOLDS AVENUE
CLEARWATER FL 33756
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/23/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2786891

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, FRANK M MD
1211 REYNOLDS AVE
CLEARWATER FL 33756

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DAS DELETE
NAME WILLIAMS, FRANK M
STREET ADDRESS 1211 REYNOLDS AVENUE
CITY-ST-ZIP CLEARWATER FL 33756

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME WILLIAMS, JACQUELINE
STREET ADDRESS 1211 REYNOLDS AVE.
CITY-ST-ZIP CLEARWATER FL 33756

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D FLOOD DELETE
NAME FEDELIN RUTH E.
STREET ADDRESS 1211 REYNOLDS AVENUE
CITY-ST-ZIP CLEARWATER FL 33756

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS legal change of name:
3.4 CITY-ST-ZIP RUTH E FLOOD

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 (727) 446-1061

Date

Daytime Phone #

00342828

CR2E037 (11/98)