


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N18446</b> 1. Entity Name FRANK WILLIAMS FOUNDATION, INC.	
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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
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01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2786891	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

WILLIAMS, FRANK M MD  
 1211 REYNOLDS AVE  
 CLEARWATER, FL 33756

**DO NOT WRITE 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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS WILLIAMS, FRANK M 1211 REYNOLDS AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JACQUELINE 1211 REYNOLDS AVE. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, RUTH E 1211 REYNOLDS AVENUE CLEARWATER, FL 33756
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 01/17/08-80044-011 70.00

**DO NOT WRITE IN THIS SPACE**

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: Frank M. Williams FRANK M. WILLIAMS Jan. 12, 2008 727 446-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #