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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N50712

1. Corporation Name

BILL FREDERICK FOUNDATION, INC.

Principal Place of Business
105 W. NEW HAMPSHIRE STREET
ORLANDO FL 32804

Mailing Address
105 W. NEW HAMPSHIRE STREET
ORLANDO FL 32804



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <i>P.O. Box 2951</i>		09/03/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3177328	
City & State		City & State		Applied For	
23		28 <i>ORLANDO FL</i>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 <i>32802</i>		30 <i>USA</i>	
Country		Country		6. Election Campaign Financing	
25		29 <i>32802</i>		Trust Fund Contribution	
25		30 <i>USA</i>		8.75 Additional Fee Required	
25		30 <i>USA</i>		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HEEKIN, JAMES F., JR.
215 N. EOLA DRIVE
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name	<i>WILLARD D. FREDERICK JR.</i>		
82 Street Address (P.O. Box Number is Not Acceptable)	<i>105 W. NEW HAMPSHIRE ST.</i>		
83			
84 City	<i>ORLANDO</i>	85 Zip Code	<i>32804</i>

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

Willard D. Frederick Jr.
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICK, WILLARD D. JR.	1.2 NAME	
STREET ADDRESS	105 W. NEW HAMPSHIRE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, JOANNE R.	2.2 NAME	
STREET ADDRESS	105 W. NEW HAMPSHIRE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, CHARLES	3.2 NAME	
STREET ADDRESS	205 E. COPELAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Willard D. Frederick Jr.
SIGNATURE REQUIRED

3/30/99

407 207-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)