

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N92000000648

1. Entity Name
THE WILLIAM W. WEIL FOUNDATION, INC.



FILED
Mar 20, 2006 08:00 AM
Secretary of State

Principal Place of Business
M 401 6295 BAHIA DEL MAR CIRCLE
ST PETERSBURG, FL 33715

Mailing Address
M 401 6295 BAHIA DEL MAR CIRCLE
ST PETERSBURG, FL 33715



02172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIL, WILLIAM W
M401 6295 BAHIA DEL MAR CIRCLE
ST PETERSBURG, FL 33715

**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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WEIL, WILLIAM W
STREET ADDRESS	M 401 6295 BAHIA DEL MAR CIRCLE
CITY - ST - ZIP	ST PETERSBURG, FL 337153313

TITLE	D
NAME	FELDMAN, JOHN H
STREET ADDRESS	215 NORTH JOANNA AVENUE
CITY - ST - ZIP	TAVARES, FL 32778

TITLE	D
NAME	LEVERITT, G. R
STREET ADDRESS	5328 CENTRAL AVENUE
CITY - ST - ZIP	ST PETERSBURG, FL 337076130

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000475249
04/05/06-80008-004 61.25

**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: William W. Weil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 727-323-84
Date Daytime Phone