


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000648</b> 1. Entity Name THE WILLIAM W. WEIL FOUNDATION, INC.	
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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
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07302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3227671	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WEIL, WILLIAM W M401 6295 BAHIA DEL MAR CIRCLE ST PETERSBURG, FL 33715
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**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 14, 2007**

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	PSTD WEIL, WILLIAM W M 401 6295 BAHIA DEL MAR CIRCLE ST PETERSBURG, FL 337153313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELDMAN, JOHN H 215 NORTH JOANNA AVENUE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVERITT, G. R 5328 CENTRAL AVENUE 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	

U000000771885  
08/10/07-80004-031 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/10/07*  
Date

*317-42-468*  
Daytime Phone #