

**FILE NOW: FILING FEE IS \$61.25**

P002  
APPROVED  
AND  
FILED

*Pg. 1 of 2*

**NONPROFIT CORPORATION ANNUAL REPORT 1996-1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

97 AUG -8 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N9300000814**  
1. Corporation Name  
**SUE WILLIAMS TRUST FOUNDATION, INC.**

**AR**

*1996-1997*

Principal Place of Business: **315 South Calhoun St. Suite 800 Tallahassee, FL 32301**  
Mailing Address: **315 South Calhoun Street Suite 800 Tallahassee, FL 32301**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. <b>100 South Monroe Street</b>		26. <b>100 South Monroe Street</b>		03/12/93		03/17/95	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
23. City & State		28. City & State		59-3196996		Not Applicable	
24. Zip		29. Zip		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
32301		32301		<input type="checkbox"/>		<input type="checkbox"/>	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Leon		Leon		<input type="checkbox"/>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**Roberts, William J.**  
**217 South Adams Street**  
**Tallahassee, FL 32301**

61. Name  
62. Street Address (P.O. Box Number is Not Acceptable)  
63. City  
64. City **FL** 65. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President/Director</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hardy, Marta V.</b>	1.2 NAME	<b>100002264711-8</b>
STREET ADDRESS	<b>1204-5 Cross Creek Way</b>	1.3 STREET ADDRESS	<b>-08/12/97-01052-015</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	1.4 CITY-ST-ZIP	<b>***122.50 ***122.50</b>
TITLE	<b>Vice President/Director</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bentley, William H.</b>	2.2 NAME	
STREET ADDRESS	<b>3243 Shamrock East</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Secretary/Treasurer/Director</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zaricki, Vivian</b>	3.2 NAME	<b>Secretary/Treasurer/Director</b>
STREET ADDRESS	<b>315 South Calhoun Street, Ste. 8</b>	3.3 STREET ADDRESS	<b>100 South Monroe Street</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
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	

*A. Alan*  
*8/8/97*

14. I do 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 the 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.

C-2E037 (9/96)

August 8, 1997

Secretary of State  
Division of Corporations  
The Capitol  
Tallahassee, FL 32399

ATTENTION: KAREN BEYER

RE: Sue Williams Trust Foundation, Inc.

Dear Ms. Beyer:

This is to certify that the Sue Williams Trust Foundation, Inc. was administratively dissolved by the Department of State August 23, 1996. At the time of this dissolution proper notice had not been received by the corporation or any of its current officers.

Please consider waiving the reinstatement penalty.

Enclosed are all pastdue fees owed by the corporation, together with a current annual report.

Thank you.

Sincerely,

**SUE WILLIAMS TRUST FOUNDATION, INC.**



Vivian Zaricki  
Secretary/Treasurer

VZ/WJR/mb