

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005633

1. Entity Name
THE GILLIAM FAMILY REUNION, INC.



Principal Place of Business
**3861 38TH STREET SOUTH
ST PETERSBURG, FL 33711**

Mailing Address
**P O BOX 13905
ST PETERSBURG, FL 33733-3905**



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0538936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GILLIAM-WILLIAMS, TERESA
3861 38TH STREET SOUTH
ST PETERSBURG, FL 33711**

**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 May 1, 2004**

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

U00000152317
05/04/04-80077-026 31.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HAZLEY, TYRONE SR.
STREET ADDRESS	4601 FIRST AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711

TITLE	DT
NAME	HODGE, ELLIS R
STREET ADDRESS	2500 ANASTASIA WAY SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33712

TITLE	DVP
NAME	GILLIAM ALLEN, MARY
STREET ADDRESS	330 MADISON STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711

TITLE	DAT
NAME	GILLIAM, WILMA J
STREET ADDRESS	2575 GRANADA CIRCLE E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33712

TITLE	D
NAME	GILLIAM WILLIAMS, TERESA
STREET ADDRESS	3861 38TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/04/04-80077-027 30.25

12. 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 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: James Gilliam-Williams **4/27/04 727-866-8963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #