


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005633</b>	
1. Entity Name <b>THE GILLIAM FAMILY REUNION, INC.</b>	

Principal Place of Business <b>3861 38TH STREET SOUTH ST PETERSBURG, FL 33711</b>	Mailing Address <b>P O BOX 13905 ST PETERSBURG, FL 33733-3905</b>
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

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

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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 rechartering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAZLEY, TYRONE SR. 4601 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HODGE, ELLIS R 2500 ANASTASIA WAY SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GILLIAM ALLEN, MARY 330 MADISON STREET SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT GILLIAM, WILMA J 2575 GRANADA CIRCLE E. ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIAM WILLIAMS, TERESA 3861 38TH STREET SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80112-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** Teresa H. Williams Teresa Gilliam-Williams 4/27/05 727-866-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 8963