# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N94000005633

1. Entity Name
THE GILLIAM FAMILY REUNION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3861 38TH STREET SOUTH<br>ST PETERSBURG, FL 33711 | P O BOX 13905<br>ST PETERSBURG, FL 33733-3905 |

**DO NOT WRITE IN THIS SPACE**

01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0538936
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

U00000549276
05/13/06-80016-002 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | HAZLEY, TYRONE SR. |
| STREET ADDRESS | 4501 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**

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:** Teresa Gilliam-Williams Director 4/25/06 727-866-8963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Teresa Gilliam-Williams