

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

95 NOV 25 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000408**

1. Corporation Name

**WENDELL G. WILLIAMS FINE ARTS SCHOLARSHIP FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1300 RIDGE AVE.  
CLEARWATER FL 34615

1300 RIDGE AVE.  
CLEARWATER FL 34615

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Same as Above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1995

5. FEI Number

59-3308018

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Chair	Naomi B. Williams	1300 Ridge Avenue	Clearwater, FL 34615
1st VC	Andrea Felder	11785 Barb Court	Largo, FL 34648
2nd VC	Roderick Williams	1300 Ridge Avenue	Clearwater, FL 34615
Financial Records	Barry Donaldson	2633 14th St. N.	St. Petersburg, FL 33704
Secretary	Diane Pool	13480 Rustic Pines Blvd. S.	Seminole, FL 34610
Publicity Chair	Denny Picezonka	12525 Ullman Rd.	Largo, FL 34640

8. Name and Address of Current Registered Agent

WILLIAMS, NAOMI  
1300 RIDGE AVE.  
CLEARWATER FL 34615

9. Name and Address of New Registered Agent

Name: **11/25/96**  
Street Address (P.O. Box Number is Not Acceptable): **100002016991--7**  
Suite, Apt. #, Etc.: **-12/02/96--01024--019**  
City: **236-25 236-25 FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date **11-8-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

Date **10/21/96** (813) 341-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #