

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000408 (3)

1. Corporation Name

WENDELL G. WILLIAMS FINE ARTS SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

1300 RIDGE AVE.
CLEARWATER FL 34615

Mailing Address

1300 RIDGE AVE.
CLEARWATER FL 34615-3659



3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report
11/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-3308018

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, NAOMI
1300 RIDGE AVE.
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME WILLIAMS, NAOMI B
STREET ADDRESS 1300 RIDGE AVENUE
CITY-ST-ZIP CLEARWATER FL 34615

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCD
NAME FELDER, ANDREA
STREET ADDRESS 11785 BARB COURT
CITY-ST-ZIP LARGO FL 34648

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VCD
NAME WILLIAMS, RODERICK
STREET ADDRESS 1300 RIDGE AVENUE
CITY-ST-ZIP CLEARWATER FL 34615

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE FRD
NAME DONALDSON, BARRY
STREET ADDRESS 2633 14TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME POOL, DIANE
STREET ADDRESS 13480 RUSTIC PINES BLVD. SOUTH
CITY-ST-ZIP SEMINOLE FL 34646

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PCD
NAME PIEEZONKA, DENNY
STREET ADDRESS 12525 ULMERTON ROAD
CITY-ST-ZIP LARGO FL 34640

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 this 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.

SIGNATURE: Naomi Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (813) 341-3170

Daytime Phone # 0000797

CR2E037 (9/96)