## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500000408 (3)

WENDELL G. WILLIAMS FINE ARTS SCHOLARSHIP FOUNDA TION, INC.

| ł   |                            |  |                            |  |                            |  |                    |                  | ŀ                             |   |                |                        |                    |
|---|----------------------------|--|----------------------------|--|----------------------------|--|--------------------|------------------|-------------------------------|---|----------------|------------------------|--------------------|
| Principal Place of Business Mailing Address |                            |  |                            |  |                            |  |                    |                  |                               | A LAMPINIME BIO TAKON UNIAN UMIRE DA                                | REA MININER EN |                        | 1 00101   111 LB41 |
| 1300 RIDGE AVE. 1300 RIDGE AVE.             |                            |  |                            |  |                            |  |                    |                  | <u> </u>                      | Date to face and to a Control                                       |                |                        |                    |
| CLEARWATER                                  |                            |  |                            | CLEARWATER FL 34615                    |                            |  |                    |                  | 3.                            | Date Incorporated or Qualifie                                       | d              | -                      |                    |
| }   |                            |  |                            |  |                            |  |                    |                  | Ļ                             | 01/27/1995  |                |                        |                    |
| ,   |                            |  |                            |  |                            |  |                    |                  | 4.                            | FEI Number  |                | <del></del>            | Applied For        |
|   | N                          |  |                            | h 4 - 17 6 -1 -1                       |                            |  |                    |                  |                               | 59-3308018  |                | !                      | Not Applicable     |
| 2. Principal Place of Business              |                            |  |                            | 2a. Mailing Address 26                 |                            |  |                    | 5.               | Certificate of Status Desired |   |                | Additional<br>Required |                    |
| Suite, Apt.                                 | #, etc.                    |  | Suite, Apt. #, etc.        |  |                            |  |                    | 6.               | Election Campaign Financing   |   | \$5.00         | May Be                 |                    |
| 22  |                            |  | 27                         |  |                            |  |                    |                  |                               | Trust Fund Contribution   |                | Added                  | to Fees            |
| City & Stat                                 | City & State               |  |                            |  |                            | 7. Is this nonprofit corporation a homeowners association? |                    |                  |                               |   |                |                        |                    |
| 23  |                            |  | 28                         |  |                            |  |                    | ☐ Yes ☐ No       |                               |   |                |                        |                    |
|   | Zip Country                |  |                            | Zip Country                            |                            |  |                    | 8.               | This corporation owes or has  |   | _ ′            |                        |                    |
| 24  | 25                         | 1  | 29 30                      |  |                            |  |                    |                  | Personal Property Tax due Ju  |   |                | ∐ No                   |                    |
| <u> </u>                                    | 9. Name                    | and Address of Cur                                 | rent Regis                 | stered Agent                           |                            |  |                    | <u> </u>         | 10.                           | Name and Address of New   | Registere      | d Agent                |                    |
|   |                            |  |                            |  |                            | 81   | ı N                | lame             |                               |   |                |                        |                    |
|   | is, naomi                  |  |                            |  |                            |  | 2 8                | treet Addres     | ss (P                         | O. Box Number is Not Accep  | table)         |                        |                    |
| 1300 RIDGE AVE.                             |                            |  |                            |  |                            |  |                    |                  | <u> </u>                      |   |                |                        |                    |
| CLEARY                                      | Vater FL (                 | 34615  |                            |  |                            | 83   | 3                  |                  |                               |   |                |                        |                    |
|   |                            |  |                            |  |                            |  |                    | itv              |                               |   |                | . 85 Zir               | o Code             |
|   |                            |  |                            |  |                            | 84   |                    | •                |                               |   | F              | LII                    |                    |
| 11. Pursuant                                | to the provis              | ions of Sections 617.0                             | 502 and 6                  | 17.1508, Florida                       | Statutes, t                | he abov  | /e-na              | med corpoi       | ration                        | n submits this statement for the<br>loard of directors. I hereby ac | e purpose      | of changing            | its registered     |
| ottice or r                                 | egistered açım familiar wi | jent, or both, in the St<br>ith, and accept the ob | ate of Fion<br>lications c | ida. Such change<br>of, Section 617.05 | e was auth<br>503. Florida | orized b<br>a Statute                                      | y the<br>ss.       | e corporation    | ก'ร ฮ                         | oard of directors. I hereby ac                                      | cept the a     | opointment a           | is registerea      |
| SIGNATURE                                   |                            |  |                            | .,                                     |                            |  |                    |                  |                               | •   |                | •                      |                    |
| SIGNATURE.                                  | Signature, typed           | or printed name of registered                      | agent and title            | e il applicable.                       | (NOTE: Re                  | gistered Ag  | jent sk            | gnature required | when                          | reinstating)  | DATE           |                        | =                  |
| 12.   |                            | OFFICERS /   | AND DIRE                   |  |                            | 13.  |                    | _                | Д                             | ADDITIONS/CHANGES TO OF   | FICERS AI      | ND DIRECTO             | RS IN 12           |
| TITLE                                       | CD                         |  |                            | ☐ DELE                                 | TE.                        | 1.1 TITLE  |                    |                  |                               |   |                | Change                 | Addition           |
| NAME  |                            | is, naomi b  |                            | 1.2 N                                  |                            |  |                    |                  |                               |   |                |                        |                    |
| STREET ADDRESS 1300 RIDGE AVENUE            |                            |  |                            | 1.3 S                                  |                            |  | 1.3 STREET AODRESS |                  |                               |   |                |                        |                    |
| CITY-ST-ZIP                                 |                            |  |                            | 1.4                                    |                            |  | 1.4 CITY-ST-ZIP    |                  |                               |   |                |                        |                    |
| TITLE                                       | VCD                        |  |                            | DELETE 2.1                             |                            |  |                    |                  |                               |   |                | Change                 | Addition           |
| NAME  | FELDER, ANDREA             |  |                            | 2.2                                    |                            |  | 2.2 NAME           |                  |                               |   |                |                        |                    |
| STREET ADDRESS                              | T ADDRESS 11785 BARB COURT |  |                            | 2.3                                    |                            |  | 2.3 STREET ADDRESS |                  |                               |   |                |                        |                    |
| CITY-ST-ZIP                                 | -ST-ZIP LARGO FL 34648     |  |                            | 2, 4                                   |                            |  | 2. 4 CITY-ST-ZIP   |                  |                               |   |                |                        |                    |
| TITLE                                       | VCD                        |  |                            | ☐ DELETE 3.1                           |                            |  | 3.1 TITLE          |                  |                               |   |                | Change                 | Addition           |
| NAME  | WILLIAMS, RODERICK         |  |                            | 3.21                                   |                            |  |                    | 1                |                               |   |                |                        |                    |
| STREET ADDRESS                              | JOSS DIDOT ALTERUT         |  |                            | 3.3 \$                                 |                            |  | T ADO              | RESS             |                               |   |                |                        |                    |
| CITY-ST-ZIP                                 | CLEARV                     | VATER FL 34615                                     |                            |  |                            | 3.4. CITY-   |                    | i i              |                               |   |                |                        |                    |
| TITLE                                       | FRD                        |  |                            | ☐ DELE                                 | TE                         | 4.1 TITLE  | <u> </u>           |                  |                               |   |                | Change                 | ☐ Addition         |
| NAME  |                            | SON, BARRY   |                            | _                                      | ŀ                          | 4. 2 NAME  |                    |                  |                               | , ette laar i   |                |                        | _                  |
| STREET ADDRESS                              | ACCO ANTIL OTDERT MORTH    |  |                            |  |                            |  | 4.3 STREET ADDRESS |                  |                               |   |                |                        |                    |
| CITY-ST-ZIP                                 |                            | ERSBURG FL 3370                                    |                            |  | į                          | 4.4 CMY-5  |                    | ·                |                               |   |                |                        |                    |
| TITLE                                       | S                          | · · · · · · · · · · · · · · · · · · ·              |                            | <b>≥</b> DELE                          | TE.                        | 5.1 TITLE  | _, <u> </u>        |                  |                               | Carries   |                | ☐ Change               | Addition           |
| NAME  | _                          | -DONEAHSON-  |                            |  | ŀ                          | 5.2 NAME   |                    | 19               | దవ                            | e rave  | 4              |                        |                    |
| STREET ADDRESS                              |                            | INTERS GLEN-DR.                                    | <del>-#704</del>           |  | l                          | 5.3 STREET   |                    | PESS 3           | 21                            | 1/2 23" /tre  | NOVI           | <b>⊳</b>               |                    |
| CITY-ST-ZIP                                 | DUNEDI                     | •  |                            |  |                            | 5.4 CITY-3   |                    |                  | +                             | e farias<br>ya 23th Ave.<br>Peter buy, p                            | =/ 3           | 3704                   |                    |
| TITLE                                       | PCD                        |  |                            | DELE                                   | TE F                       | 6.1 TITLE  | ال <u>ا - د</u> اد |                  | 1 .                           | 1 0, 1, 222//   | , ,            | Change                 | ☐ Addition         |
| NAME  |                            | CLEARY   |                            |  |                            | 6.2 NAME   |                    |                  |                               |   |                |                        |                    |
|   |                            | JMMIT WAY  |                            |  |                            |  |                    | ncee             |                               |   |                |                        |                    |
| STREET ADDRESS                              | 1000 00                    | NEWALL A G.C./ 1                                   |                            |  |                            | 6.3 STREET   | I AUU              | ness (           |                               |   |                |                        |                    |

14. Thereby 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:

CITY-ST-ZIP

**DUNEDIN FL** 

THENE MATE BEOLUBED B. Williams

1/8/97

**FILED** 

Jan 27 1998 8:00am

Secretary of State

(813) 341-3170

CR2E037 (10/97)