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**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90033 007 \*\*\*\*61.25

03-12-1999 90033 008 \*\*\*\*\*8.75

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000408**

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**01/27/1995**

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **S  
FARIAS, ROSE  
STREET ADDRESS 321 1/2 23RD AVE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33704**

TITLE ☐ DELETE

NAME **PCD  
LOUISE CLEARY  
STREET ADDRESS 1663 SUMMIT WAY  
CITY-ST-ZIP DUNEDIN FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/99**  
Date

**(727) 461-5827**  
Daytime Phone #

CR2E037 (11/98)