


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90300 019 \*\*\*\*70.00

**DOCUMENT # N95000000408**

1. Entity Name  
**WENDELL G. WILLIAMS FINE ARTS SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business  
**1300 RIDGE AVE.  
CLEARWATER FL 33755**

Mailing Address  
**1300 RIDGE AVE.  
CLEARWATER FL 33755**

2. Principal Place of Business  
*1300 Ridge Ave.*

3. Mailing Address  
*1300 Ridge Ave.*

Suite, Apt. #, etc.

City & State  
*Clearwater, FL*

City & State  
*Clearwater, FL*

Zip  
*33755*

Country  
*Pinellas, USA*



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**WILLIAMS, NAOMI  
1300 RIDGE AVE.  
CLEARWATER FL 34615**

4. FEI Number  
**59-3308018**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, NAOMI B 1300 RIDGE AVENUE CLEARWATER FL 34615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FELDER, ANDREA 11785 BARB COURT LARGO FL 34648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WILLIAMS, RODERICK 1300 RIDGE AVENUE CLEARWATER FL 34615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRD DONALDSON, BARRY 2633 14TH STREET NORTH ST. PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARIAS, ROSE 321 1/2 23RD AVE NORTH ST PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LOUISE CLEARY 1663 SUMMIT WAY DUNEDIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Naomi B. Williams* **Naomi B. Williams** *3/8/05* *(727) 461-5827*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #