

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90034 010 ****70.00



DOCUMENT # N95000000408
1. Entity Name
**WENDELL G. WILLIAMS FINE ARTS SCHOLARSHIP
FOUNDATION, INC.**

Principal Place of Business Mailing Address
1300 RIDGE AVE. 1300 RIDGE AVE.
CLEARWATER FL 33755 CLEARWATER FL 33755



2. Principal Place of Business 3. Mailing Address
1300 Ridge Ave. *P.O. Box 7617*
Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/06)

City & State *Clearwater, FL* City & State *Clearwater, FL*

4. FEI Number **59-3308018** Applied For
Not Applicable

Zip *33755* Country *Pineellas* Zip *33758* Country *Pineellas*

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

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

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) DATE _____

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

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

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	VCD FELDER, ANDREA 11785 BARB COURT LARGO FL 34648 <input type="checkbox"/> Delete
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	FRD DONALDSON, BARRY 2633 14TH STREET NORTH ST. PETERSBURG FL 33704 <input type="checkbox"/> Delete
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	PCD LOUISE CLEARY 1663 SUMMIT WAY DUNEDIN FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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* *7/24/06 (727) 461-5827*