

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90097 039 \*\*\*\*70.00

**DOCUMENT # N95000000408**

1. Entity 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

**1300 Ridge Ave.**

Suite, Apt. #, etc.

**Clearwater, FL**

City & State

**33 755 Pinellas**

Zip

Country

3. Mailing Address

**1300 Ridge Ave.**

Suite, Apt. #, etc.

**Clearwater, FL**

City & State

**33 755 Pinellas**

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3308018**

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

**1/28/03 (727) 461-5827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)