

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005672

**FILED**  
**Mar 02, 2004**  
**Secretary of State****Entity Name:** JACK AND NORMA SUE WILLIAMS FAMILY FOUNDATION, INC.**Current Principal Place of Business:**701 RIO LINDO DR.  
JACKSONVILLE, FL 32207**New Principal Place of Business:****Current Mailing Address:**701 RIO LINDO DR.  
JACKSONVILLE, FL 32207**New Mailing Address:****FEI Number:** 59-3472591**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCHNEIDER, MICHAEL N  
5150 BELFORT RD., BLDG 100  
JACKSONVILLE, FL 32256 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WILLIAMS, JACK  
Address: 701 RIO LINDO DR.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DST ( ) Delete  
Name: WILLIAMS, NORMA S  
Address: 701 RIO LINDO DR.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV ( ) Delete  
Name: ASKEW, PHYLLIS L  
Address: 1405 GLENVIEW DR.  
City-St-Zip: BRENTWOOD, TN 37027

Title: DV ( ) Delete  
Name: MAYES, LISA M  
Address: 106 OAKLAND TRACE  
City-St-Zip: MADISON, AL 35758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK WILLIAMS

DP

03/02/2004

Electronic Signature of Signing Officer or Director

Date