

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005672**

1. Entity Name

**JACK AND NORMA SUE WILLIAMS FAMILY  
FOUNDATION, INC.**



Principal Place of Business

**701 RIO LINDO DR.  
JACKSONVILLE, FL 32207**

Mailing Address

**701 RIO LINDO DR.  
JACKSONVILLE, FL 32207**



01192005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3472591**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N  
5150 BELFORT RD., BLDG 100  
JACKSONVILLE, FL 32256**

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IN THIS SPACE**

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 registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILLIAMS, JACK
STREET ADDRESS	701 RIO LINDO DR.
CITY-STATE-ZIP	JACKSONVILLE, FL 32207
TITLE	DST
NAME	WILLIAMS, NORMA S
STREET ADDRESS	701 RIO LINDO DR.
CITY-STATE-ZIP	JACKSONVILLE, FL 32207
TITLE	DV
NAME	ASKEW, PHYLLIS L
STREET ADDRESS	1405 GLENVIEW DR.
CITY-STATE-ZIP	BRENTWOOD, TN 37027
TITLE	DV
NAME	MAYES, LISA M
STREET ADDRESS	106 OAKLAND TRACE
CITY-STATE-ZIP	MADISON, AL 35758
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1000000247236  
10/01/05-W0014-012 61.25

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IN THIS SPACE**

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:**

*John H. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #