2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000005672

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 exemption stated 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 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 04/15/2009

Electronic Signature of Signing Officer or Director — Date