

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005306

FILED
Feb 29, 2008
Secretary of State

Entity Name: ARCHIE WILLIAMS SR., FOUNDATION, INC.

Current Principal Place of Business:

3000 BRUTON BLVD.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

PO BOX 585632
ORLANDO, FL 328585632 US

New Mailing Address:

FEI Number: 59-1855914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, CLIFF C
3000 BRUTON BLVD.
ORLANDO, FL 32805 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: D () Delete
Name: MORRIS, CLIFF C JR.
Address: 3000 BRUTON BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: THOMAS, EDWARD M SR.
Address: 1815 FIRWOOD COURT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: THOMPSON, JENNIE S
Address: 5777 BROOKGREEN AVENUE
City-St-Zip: ORLANDO, FL 32839

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:

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: JENNIE S. THOMPSON

D

02/29/2008

Electronic Signature of Signing Officer or Director

Date