

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007051

Entity Name: TEAM WILLIAMS, INC.

FILED  
Jan 12, 2004  
Secretary of State

**Current Principal Place of Business:**

3311 NW 69TH COURT  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3311 NW 69TH COURT  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0995468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, STEVE  
3311 NW 69TH COURT  
FORT LAUDERDALE, FL 33309

**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: PD ( ) Delete  
Name: WILLIAMS, STEVE  
Address: 3311 NW 69TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VPD ( ) Delete  
Name: BALL, TERRY  
Address: 2330 NW 47TH AVENUE  
City-St-Zip: LAUDERHILL, FL 33313

Title: SD ( ) Delete  
Name: WILLIAMS, JOAN  
Address: 223 DURHAM E  
City-St-Zip: DEERFIELD, FL 33442

Title: TD ( ) Delete  
Name: WILLIAMS, SUZANNE  
Address: 3311 NW 69TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: SCHULZ, RON  
Address: 1800 N 27TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33020

**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:

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: STEVE WILLIAMS

PD

01/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date