I hereby certify that the information indicated on this report or supplemental report is true and accura oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu		
above, or on an attachment with all other like empowered.		
SIGNATURE: WILLIAM AKERS, III	DIRECTOR	04/04/2019

SIGNATURE: WILLIAM AKERS, III

I

Electronic Signature of Signing Officer/Director Detail

NOT FOD		ANNUAL REPORT
	JUNEUNATION	

#### DOCUMENT# N0000002642

Entity Name: WILLIAM AKERS, JR. AND GEORGIA O. AKERS PRIVATE FOUNDATION, INC.

Current Principal Place of Business:

365 NORTH BEACH STREET ORMOND BEACH, FL 32174

# **Current Mailing Address:**

365 NORTH BEACH STREET ORMOND BEACH, FL 32174 US

# FEI Number: 31-1708615

### Name and Address of Current Registered Agent:

AKERS, WILLIAM III 365 NORTH BEACH STREET ORMOND BEACH, FL 32174 US

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

## **Officer/Director Detail :**

Title	D	Title	D	
Name	AKERS, WILLIAM III	Name	AKERS, JOHN O	
Address	365 N BEACH STREET	Address	111 SHADY BRANCH TR.	
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174	

FILED Apr 04, 2019 Secretary of State 3874710678CC

Date

Certificate of Status Desired: No

Date