

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010378

**Entity Name:** DONALD AND VANCILLA WILLIAMS FOUNDATION, INC

**Current Principal Place of Business:**

2719 JENNIFER DRIVE  
LAKELAND, FL 33810

**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC3214478662**

**Current Mailing Address:**

P. O. BOX 92023  
LAKELAND, FL 33804 US

**FEI Number: 32-0359335**

**Certificate of Status Desired: No**

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

WILLIAMS, DONALD JR.  
2719 JENNIFER DRIVE  
LAKELAND, FL 33810 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	MR
Name	RUFFIN, JOHN W MR.
Address	4622 CRESTVIEW LANE
City-State-Zip:	LAKELAND FL 33813
Title	D
Name	CHAMBERS, DENISE MRS.
Address	1119 E. HIGHLAND DRIVE
City-State-Zip:	LAKELAND FL 33813
Title	D
Name	LOCKWOOD, MARK MR.
Address	5045 BONNYBROOK DRIVE WEST
City-State-Zip:	LAKELAND FL 33811

Title	D
Name	GENTRY, SHERYL MRS.
Address	5045 BONNYBROOK DRIVE WEST
City-State-Zip:	LAKELAND FL 33811
Title	D
Name	MC SHAY, YVONNE MS.
Address	202 PINEHURST STREET
City-State-Zip:	LAKELAND FL 33805
Title	D
Name	WILLIAMS, VANCILLA G MRS.
Address	409 TUCKER STREET
City-State-Zip:	LAKELAND FL 33805

*I hereby 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 all other like empowered.*

**SIGNATURE: GENTRY , SHERYL , MRS.**

**D**

**02/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date