

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009357

Entity Name: LORENZO & JOVITA WILLIAMS FAMILY FOUNDATION, INC.**Current Principal Place of Business:**7901 SADDLEBROOK DRIVE
PORT ST. LUCIE, FL 34986-3114**Current Mailing Address:**7901 SADDLEBROOK DRIVE
PORT ST. LUCIE, FL 34986-3114**FEI Number:** 47-3257501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, AMAR
221 S.E. OSCEOLA STREET
STUART, FL 34994 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	VP
Name	WILLIAMS, LORENZO
Address	7901 SADDLEBROOK DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34986-3114

Title	S
Name	WILLIAMS, AYANNA
Address	7901 SADDLEBROOK DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	2VP
Name	WILLIAMS GAINES, RASHONDIA
Address	7901 SADDLEBROOK DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	T
Name	WILLIAMS, AMAR
Address	7901 SADDLEBROOK DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34986-3114

Title	P
Name	WILLIAMS, JOVITA
Address	7901 SADDLEBROOK DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34986-3114

Title	D
Name	WILLIAMS, AKEEM
Address	7901 SADDLEBROOK DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

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: JOVITA WILLIAMS**PRESIDENT****04/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date