

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

DOCUMENT# N18446

**Entity Name:** FRANK WILLIAMS FOUNDATION, INC.

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC4014385934**

**Current Principal Place of Business:**

% FRANK M. WILLIAMS MD.  
1211 REYNOLDS AVENUE  
CLEARWATER, FL 33756

**Current Mailing Address:**

% FRANK M. WILLIAMS MD.  
1211 REYNOLDS AVENUE  
CLEARWATER, FL 33756 US

**FEI Number: 59-2786891**

**Certificate of Status Desired: Yes**

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

WILLIAMS, FRANK M MD  
1211 REYNOLDS AVE  
CLEARWATER, FL 33756 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           DAS  
Name           WILLIAMS, FRANK M  
Address        1211 REYNOLDS AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           D  
Name           WILLIAMS, JACQUELINE  
Address        1211 REYNOLDS AVE.  
City-State-Zip: CLEARWATER FL 33756

Title           D  
Name           BALDWYN, RUTH E  
Address        % FRANK M. WILLIAMS MD.  
                  1211 REYNOLDS AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           DAS  
Name           WILLIAMS, FRANK M  
Address        1211 REYNOLDS AVE  
City-State-Zip: CLEARWATER FL 33756

*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: FRANK M WILLIAMS MD**

**DAS**

**01/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date