2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001161

Entity Name: SMITH S.H.A.R.E. FOUNDATION, INC.

Current Principal Place of Business:

9016 MOCKINGBIRD DR. SANIBEL, FL 33957

Current Mailing Address:

9016 MOCKINGBIRD DR. SANIBEL, FL 33957 US

FEI Number: 20-2617774 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR 619 CATTLEMEN ROAD SUITE 011 SARASOTA, FL 34232 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: MICHAEL ANGELO 03/14/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title S

SMITH, SUSAN E Name SMITH. LEY S Name

Address 9016 MOCKINGBIRD DR. Address 4920 NORTH INDIAN OAK ST.

City-State-Zip: BELAIRE KS 67226 City-State-Zip: SANIBEL FL 33957

Title DIRECTOR Title DIRECTOR

SMITH, STEVEN L Name Name SMITH, SCOTT A

Address 9016 MOCKINGBIRD DR. Address 541 STRATFORD CT.

SANIBEL FL 33957 City-State-Zip: DEL MAR CA 92014 City-State-Zip:

Title DIRECT Title DIRECTOR

SMITH, CARTER Name Name STARRETT, KRISTEN

Address 175 HUNTER ST.W Address 18 MEADOWBROOK DR. APT.908

UNIT 2

City-State-Zip: HAMILTON ONTARIO L8P 1R4 City-State-Zip: BEDFORD NOVA SCOTIA B4A 1P6

Title DIRECTOR Title **DIRECTOR** Name SMITH, SEAN Name SMITH, KELLY

Address 1175 HARO ST. 50 STEPHANIE ST. Address

APT. 21 APT.201

City-State-Zip: VANCOUVER B.C. V6E 1E5 City-State-Zip: TORONTO, ONT. M5T 1B3

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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.

03/14/2020 SIGNATURE: LEY S. SMITH **DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 14, 2020

Secretary of State

7011553826CC

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name ALDINDIFER, BRYAN

Address 6750 S. POPLAR ST.

City-State-Zip: TEMPE AZ 85283

Title DIRECTOR

Name ALDENDIFER, LAUREN

Address 9016 MOCKINGBIRD DR.

City-State-Zip: SANIBEL FL 33957

Title DIRECTOR

Name SMITH, HAYDN

Address 9016 MOCKINGBIRD DR.

City-State-Zip: SANIBEL FL 33957