

2024 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 O11
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

01/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SMITH, LEY
Address 9016 MOCKINGBIRD DRIVE
City-State-Zip: SANIBEL FL 33957

Title CHAIRMAN
Name SMITH, SUSAN
Address KIENAS RD. NORTH
City-State-Zip: KALISPELL MT 59901

Title DIRECTOR
Name SMITH, SCOTT
Address 18501 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name SMITH, STEVEN
Address 138 RANKIN'S CRESCENT
City-State-Zip: THORNBURY ON 00000

Title DIRECTOR
Name STARRETT, KRISTEN
Address 92 NOTTINGHAM STREET
City-State-Zip: BEDFORD NS 00000

Title DIRECTOR
Name SMITH, CARTER
Address 175 HUNTER STREET WEST
APT. #908
City-State-Zip: HAMILTON ON 00000

Title DIRECTOR
Name SMITH, KELLY
Address 50 STEPHANIE STREET
APT. #201
City-State-Zip: TORONTO ON 00000

Title DIRECTOR
Name SMITH, SEAN
Address 426 QUEEN STREET EAST
City-State-Zip: TORONTO ON 00000

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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.

SIGNATURE: SMITH, SUSAN

CHAIRMAN

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALDENDIFER, BRYAN
Address 1364 EAST CINDY STREET
City-State-Zip: CHANDLER AZ 85225

Title DIRECTOR
Name ALDENDIFER, LAUREN
Address 1300 EAST MEADOWLARK ROAD
APT. 11-205
City-State-Zip: DERBY KS 67037

Title DIRECTOR
Name SMITH, HAYDN
Address 9016 MOCKINGBIRD DR.
City-State-Zip: SANIBEL FL 33957