2019	FLORIDA	NOT FOR	PROFIT	CORPOR		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

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR 619 CATTLEMEN ROAD SUITE O11 SARASOTA, FL 34232 US Certificate of Status Desired: Yes

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	E: MICHAEL ANGELO			02/10/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Ρ	Title	S	
Name	SMITH, LEY S	Name	SMITH, SUSAN E	
Address	9016 MOCKINGBIRD DR.	Address	4920 NORTH INDIAN OAK ST.	
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	BELAIRE KS 67226	
Title	DIRECTOR	Title	DIRECTOR	
Name	SMITH, SCOTT A	Name	SMITH, STEVEN L	
Address	541 STRATFORD CT.	Address	9016 MOCKINGBIRD DR.	
City-State-Zip:	DEL MAR CA 92014	City-State-Zip:	SANIBEL FL 33957	
Title	DIRECTOR	Title	DIRECT	
Name	STARRETT, KRISTEN	Name	SMITH, CARTER	
Address	18 MEADOWBROOK DR. UNIT 2	Address	175 HUNTER ST.W APT. 908	
City-State-Zip:	BEDFORD NOVA SCOTIA B4A 1P6	City-State-Zip:	HAMILTON ONTARIO L8P 1R	4
Title	DIRECTOR	Title	DIRECTOR	
Name	SMITH, KELLY	Name	SMITH, SEAN	
Address	50 STEPHANIE ST. APT. 201	Address	1175 HARO ST. APT. 21	
City-State-Zip:	TORONTO, ONT. M5T 1B3	City-State-Zip:	VANCOUVER B.C. V6E 1E5	

Continues on page 2

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: LEY S. SMITH	DIRECTOR	02/10/2019
Electronic Signature of Signing Officer/Director Detail		Data

Electronic Signature of Signing Officer/Director Detail

FILED Feb 10, 2019 Secretary of State 0349483497CC

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	ALDINDIFER, BRYAN	Name	SMITH, HAYDN
Address	6750 S. POPLAR ST.	Address	9016 MOCKINGBIRD DR.
City-State-Zip:	TEMPE AZ 85283	City-State-Zip:	SANIBEL FL 33957
Title	DIRECTOR		

litie	DIRECTOR
Name	ALDENDIFER, LAUREN
Address	9016 MOCKINGBIRD DR.

City-State-Zip: SANIBEL FL 33957