

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29702

**FILED**  
**Feb 19, 2017**  
**Secretary of State**  
**CC9310400403**

**Entity Name:** LES AND JUDY SMOUT FOUNDATION, INC.

**Current Principal Place of Business:**

LES SMOUT  
2378 ANTHONY AVENUE  
CLEARWATER, FL 33759

**Current Mailing Address:**

LES SMOUT  
PO BOX 15742  
CLEARWATER, FL 33766 US

**FEI Number:** 65-0118624

**Certificate of Status Desired:** No

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

SMOUT, LES R  
2378 ANTHONY AVENUE  
CLEARWATER, FL 33759 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 PDT  
Name SMOUT, LES  
Address 2378 ANTHONY AVENUE  
City-State-Zip: CLEARWATER FL 33759

Title DS  
Name SMOUT, JUDY  
Address 2378 ANTHONY AVENUE  
City-State-Zip: CLEARWATER FL 33759

Title DV  
Name HEYMAN, JANET S  
Address 2378 ANTHONY AVENUE  
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR  
Name GRUDIS, AARON  
Address 2378 ANTHONY AVE  
City-State-Zip: CLEARWATER FL 33759

*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:** LES R SMOUT

**PRESIDENT**

**02/19/2017**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date