**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

# DOCUMENT # F94000001396 (0)

1. Corporation Name

**SMITH WILSON MEMORIAL FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 35083<br>SARASOTA FL 34242 | P.O. BOX 35083<br>SARASOTA FL 34242 |

3. Date Incorporated or Qualified: 03/18/1994

3a. Date of Last Report:

4. FEI Number: 57-0725452 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**

8. This corporation has taken, for income tax purposes under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~MARLEAUX, DAN~~
~~19009 EAST LAKE DRIVE~~
~~MIAMI FL 33015~~

10. Name and Address of New Registered Agent

81 Name: JAMES MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 153 BEACH ROAD
83
84 City: SARASOTA FL 85 Zip Code: 34242

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James Martin — DATE: June 26, 1995

(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MARTIN, JAMES | 12 NAME | |
| STREET ADDRESS | 153 BEACH RD | 13 STREET ADDRESS | |
| CITY ST ZIP | SARASOTA FL | 14 CITY ST ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CARLIN, JOHN J | 22 NAME | |
| STREET ADDRESS | 44 DELANDER COURT | 23 STREET ADDRESS | |
| CITY ST ZIP | HILTON HEAD SC | 24 CITY ST ZIP | |
| TITLE | STD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MULLEN-MARTIN, JOANN | 32 NAME | |
| STREET ADDRESS | 153 BEACH RD | 33 STREET ADDRESS | |
| CITY ST ZIP | SARASOTA FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** James Martin — 6-26-95 — 813-349-9709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0015922