

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED 2008
FEB
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000355

1. Entry Name

THE MATTHEW J. AND ANNE B. SMITH FOUNDATION,
INC.



Principal Place of Business

4735 ST. JAMES AVE.
VERO BEACH, FL 32967

Mailing Address

4735 ST. JAMES AVE.
VERO BEACH, FL 32967



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0536250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MATTHEW J
4735 ST. JAMES AVE.
VERO BEACH, FL 32967

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, MATTHEW J
STREET ADDRESS	4735 ST. JAMES AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	SMITH, ANNE B
STREET ADDRESS	4735 ST. JAMES AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	COOKSEY, BRYON T
STREET ADDRESS	979 BEACHLAND BLVD.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	WARD, REGINA
STREET ADDRESS	325 CATHEDRAL OAKS DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	KLIPSTINE, MARIA
STREET ADDRESS	702 CAVERN TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW J. SMITH 2-7-08

Date

772-299-4-28

Daytime Phone #