

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000355

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE MATTHEW J. AND ANNE B. SMITH FOUNDATION, INC.

Current Principal Place of Business:

4735 ST. JAMES AVE.
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4735 ST. JAMES AVE.
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 02-0536250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, MATTHEW J
Address: 4735 ST. JAMES AVE.
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: SMITH, ANNE B
Address: 4735 ST. JAMES AVE.
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: COOKSEY, BRYON T
Address: 979 BEACHLAND BLVD.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: WARD, REGINA
Address: 325 CATHEDRAL OAKS DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: KLIPSTINE, MARIA
Address: 702 CAVERN TERRACE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA KLIPSTINE

DIR

03/02/2009

Electronic Signature of Signing Officer or Director

Date