APPROVED
AND
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06 APR 29 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000521

1. Entity Name
THE DR. WALTER SMITH LIBRARY, INC.

Principal Place of Business	Mailing Address
905 N. ALBANY AVE. TAMPA, FL 33606	P.O. BOX 4380 TAMPA, FL 33677

DO NOT WRITE IN THIS SPACE

04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
27-0101027

☐ Applied For
☐ Not Applicab

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

6. Name and Address of Current Registered Agent

SMITH, WALTER L DR.
1940 CYPRESS ST.
TAMPA, FL 33606

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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 accep 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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SMITH, WALTER L DR.
STREET ADDRESS	P.O. BOX 4380
CITY-ST-ZIP	TAMPA, FL 33677
TITLE	P
NAME	SMITH, WALTER L DR.
STREET ADDRESS	P.O. BOX 4380
CITY-ST-ZIP	TAMPA, FL 33677
TITLE	ST
NAME	WHARTON, MINNIE
STREET ADDRESS	801 N. ALBANY AVE.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	SMITH, WALTER II
STREET ADDRESS	909 N. ALBANY AVE.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter L Smith WALTER L SMITH 4/24/06 (813) 254-0605