2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N04000000521

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

Current Principal Place of Business:

905 N. ALBANY AVE.
1907-090
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4380
TAMPA, FL 33677

New Mailing Address:

FEI Number: 27-0101027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, WALTER L DR.
1940 CYPRESS ST.
TAMPA, FL 33606 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:	CEO	( ) Delete
Name:	SMITH, WALTER L DR.	
Address:	P.O. BOX 4380	
City-St-Zip:	TAMPA, FL 33677	
Title:	P	( ) Delete
Name:	SMITH, WALTER L DR.	
Address:	P.O. BOX 4380	
City-St-Zip:	TAMPA, FL 33677	
Title:	ST	( ) Delete
Name:	WHARTON, MINNIE	
Address:	801 N. ALBANY AVE.	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	SMITH, WALTER II	
Address:	909 N. ALBANY AVE.	
City-St-Zip:	TAMPA, FL 33606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	SMITH, BARBARA W	
Address:	1940 CYPRESS ST.	
City-St-Zip:	TAMPA, FL 33606	
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: DR WALTER L SMITH CEO 05/18/2009

Electronic Signature of Signing Officer or Director — Date