

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000521

FILED  
Apr 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

905 N. ALBANY AVE.  
907-09  
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 ( )

**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  
Name: SMITH, WALTER L DR.  
Address: P.O. BOX 4380  
City-St-Zip: TAMPA, FL 33677

Title: P  
Name: SMITH, WALTER L DR.  
Address: P.O. BOX 4380  
City-St-Zip: TAMPA, FL 33677

Title: ST  
Name: SMITH, BARBARA W  
Address: 1940 CYPRESS ST.  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: SMITH, WALTER II  
Address: 909 N. ALBANY AVE.  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: SMITH, ANDRE  
Address: POST OFFICE BOX 180713  
City-St-Zip: TALLAHASSEE, FL 32318

Title: D  
Name: GORDON-SMITH, SALESIA, V. ATTY.  
Address: 922 SECOND STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: WALTER L. SMITH

CEO

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date