

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009450

FILED  
Sep 13, 2006  
Secretary of State

**Entity Name:** EDDIE GENE SMITH SR. FOUNDATION, INC.

**Current Principal Place of Business:**

8400 E GOOBER DR  
INVERNESS, FL 34450

**New Principal Place of Business:**

410 OAK ST  
INVERNESS, FL 34452-641

**Current Mailing Address:**

8400 E GOOBER DR  
INVERNESS, FL 34450

**New Mailing Address:**

410 OAK ST  
INVERNESS, FL 34450-641 US

**FEI Number:** 20-1679665 **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, DARRELL W  
8400 E GOOBER DR  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

SMITH, DARRELL W  
410 QAK ST  
INVERNESS, FL 34452 US

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: DARRELL W SMITH

09/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PV ( ) Delete  
Name: SMITH, DARRELL W  
Address: 8400 E GOOBER DR  
City-St-Zip: INVERNESS, FL 34450

Title: STD ( ) Delete  
Name: SISI-SMITH, CARLA M  
Address: 8400 E GOOBER DR  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: HUMMELL, JUDY  
Address: 13307 LAKE GEORGE PL  
City-St-Zip: TAMPA, FL 336183225

Title: D ( ) Delete  
Name: GUTH, BRAD  
Address: 5972 E CLOVIS CT  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: SUTTEN, JAMES  
Address: 605 HIGHLANDS AVE  
City-St-Zip: INVERNESS, FL 34451

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PV (X) Change ( ) Addition  
Name: SMITH, DARRELL W  
Address: 410 OAK ST  
City-St-Zip: INVERNESS, FL 34450 US

Title: STD (X) Change ( ) Addition  
Name: SISI-SMITH, CARLA M  
Address: 410 OAK ST  
City-St-Zip: INVERNESS, FL 34450 US

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 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: DARRELL W SMITH

PV

09/13/2006

Electronic Signature of Signing Officer or Director

Date