2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90102 027 ****61.25

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1. Entity Name
STEIN MART FAMILY SUPPORT FOUNDATION, INC.

20002225

Principal Place of Business	Mailing Address
3560 UNIVERSITY BLVD WEST JACKSONVILLE, FL 32217	1200 RIVER PLACE BLVD JACKSONVILLE, FL 32207

01132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1200 Riverplace Blvd. Suite, Apt. #, etc.	1200 Riverplace Blvd. Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207 Country: U.S.A.	Zip: 32207 Country: U.S.A.

4. FEI Number: 20-3464218 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOLEY & LARDNER LLP ONE INDEPENDENT DRIVE, STE 1300 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 accept 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, ROY 12089 ACORNSHELL WAY JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, CARL 11647 HAMRICK PLACE JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMSAY, LYLE M 6215 GRAYLING DRIVE JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: Carl D. Davis CARL D. DAVIS, President 1-17-06 (904)262-6496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #