


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009429 1. Entity Name STEIN MART FAMILY SUPPORT FOUNDATION, INC.	
---	---

Principal Place of Business 1200 RIVERPLACE BLVD JACKSONVILLE, FL 32207	Mailing Address 1200 RIVERPLACE BLVD JACKSONVILLE, FL 32207
---	---

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3464218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOLEY & LARDNER LLP
ONE INDEPENDENT DRIVE, STE 1300
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000605316 01/30/07-80031-016 61.25
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, ROY 12089 ACORNSHELL WAY JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, CARL 11647 HAMRICK PLACE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMSAY, LYLE M 6215 GRAYLING DRIVE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Roy E. Roberts **Roy E. Roberts** 1/23/07 904-268-2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #