

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 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**



01252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**F&L CORP.
ONE INDEPENDENT DRIVE, STE 1300
JACKSONVILLE, FL 32202**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000800002
01/30/08-80091-016 61.25

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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