

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N05691

1. Entity Name
MARILYN MCGEE SMITH FOUNDATION, INC.



Principal Place of Business
**% SMITH, CHARLES C. JR.
130 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 US**

Mailing Address
**% SMITH, CHARLES C. JR.
130 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 US**



04212006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2672315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CHARLES C. JR.
130 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750**

**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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHARLES C. JR. 130 CROWN OAK CENTRE DR. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SMITH, REBECCA E. 130 CROWN OAK CENTRE DR. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDBERG, DENNIS I 3310 WOODMEN RD COLORADO SPRINGS, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000534815
05/08/06-80026-016 61.25

**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 a signature, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

407-333-8004

Daytime Phone #