

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90332 002 \*\*\*\*61.25

DOCUMENT # N06000003251

1. Entity Name  
THE BMC CHARITABLE FOUNDATION, INC.



Principal Place of Business  
980 N FEDERAL HWY - STE 402  
BOCA RATON, FL 33432

Mailing Address  
980 N FEDERAL HWY - STE 402  
BOCA RATON, FL 33432

40064099



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

20-5242624

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SMITH, BILL T JR  
980 N FEDERAL HWY - STE 402  
BOCA RATON, FL 33432

## 7. Name and Address of New Registered Agent

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, 2007**

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

TITLE T ☐ Delete  
NAME MONTGOMERY, ROBERT M JR  
STREET ADDRESS 980 N FEDERAL HWY - STE 402  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE T ☐ Delete  
NAME MONTGOMERY, MARY M  
STREET ADDRESS 980 N FEDERAL HWY - STE 402  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE T ☐ Delete  
NAME SMITH, BILL T JR  
STREET ADDRESS 980 N FEDERAL HWY - STE 402  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, without other like empowered.

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07  
Date

Daytime Phone #