


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

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N06000013129 1. Entity Name THE SMEDLEY FOUNDATION, INC.	
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Principal Place of Business 804 HAWKSBILL ISLAND DR. SATELLITE BCH, FL 32937	Mailing Address 804 HAWKSBILL ISLAND DR. SATELLITE BCH, FL 32937
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8396252	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 SMEDLEY, BERNARD R 804 HAWKSBILL ISLAND DR. SATELLITE BCH, FL 32937

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMEDLEY, BERNARD R 804 HAWKSBILL ISLAND DR. SATELLITE BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMEDLEY, SUSAN 6237 DAY LILY PLACE FITCHBURG, WI 53711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLOMBICKI, CHERYL S 503 REGAN DR. E. DUNDEE, IL 60118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAZZOCCHI, DENISE S 50 PARKVIEW LANE HAWTHORNE WOODS, FL 60047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000846559 03/18/08-80033-014 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: B. R. SMEDLEY 2/29/08 321-537-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #