

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005969

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** MATT SMITH MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

1904 NW 1ST ST  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

1904 NW 1ST ST  
CAPE CORAL, FL 33993

**New Mailing Address:**

**FEI Number:** 20-8946291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, TRAVIS M  
1904 NW 1ST ST  
CAPE CORAL, FL 33993 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SMITH, TRAVIS M  
**Address:** 1904 NW 1ST ST  
**City-St-Zip:** CAPE CORAL, FL 33993

**Title:** VP  
**Name:** DEEMS, KENDELL C  
**Address:** 5331 SW 22ND AVE  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** SECR  
**Name:** SMITH, JODI B  
**Address:** 1904 N.W. 1ST STREET  
**City-St-Zip:** CAPE CORAL, FL 33993

**Title:** TREA  
**Name:** KNIGHT, REBECCA  
**Address:** 1315 SW 43RD LANE  
**City-St-Zip:** CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TRAVIS SMITH

P

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date