# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2009**
**Secretary of State**

DOCUMENT# N08000005783

**Entity Name:** GAVIN SMITH FOUNDATION INC.

**Current Principal Place of Business:**

1295 STERLING POINT PLACE
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1295 STERLING POINT PLACE
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number: 80-0333371** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SMITH, CHANELE B
1295 STERLING POINT PLACE
GULF BREEZE, FL 32563 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 ( ) Delete
Name: SMITH, CHANELE B
Address: 1295 STERLING POINT PLACE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete
Name: VALLIE, ELIZABETH A
Address: 5223 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: TRES ( ) Delete
Name: SMITH, CHANELE B
Address: 1295 STERLING POINT PLACE
City-St-Zip: GULF BREEZE, FL 32563

Title: SEC ( ) Delete
Name: SMITH, JAMES F
Address: 1295 STERLING POINT PLACE
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHANELE B SMITH P 01/21/2009

Electronic Signature of Signing Officer or Director — Date