

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28068**

1. Entity Name  
**THE HENSLEY-SILVERTOOTH MEMORIAL  
FOUNDATION, INC.**



Principal Place of Business  
P.O. BOX 48927  
SARASOTA, FL 34230

Mailing Address  
P.O. BOX 48927  
SARASOTA, FL 34230

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0069850**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, WALTER F  
2002 RINGLING BOULEVARD 8TH FLOOR  
SARASOTA, FL 34237

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BENNETT, ROBERT B  
STREET ADDRESS 2002 RINGLING BOULEVARD 10TH FL  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE VTD  
NAME SMITH, WALTER F  
STREET ADDRESS 2002 RINGLING BOULEVARD 8TH FL  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE SD  
NAME OWENS, ANDREW D  
STREET ADDRESS 2002 RINGLING BOULEVARD 8TH FL  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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01/20/05-80049-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Walter F. Smith*  
**WALTER F. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-05** **9419617800**  
Date Daytime Phone #