

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28068

FILED  
Jan 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P.O. BOX 48927  
SARASOTA, FL 34230

**New Principal Place of Business:**

2002 RINGLING BLVD.  
SARASOTA, FL 34237

**Current Mailing Address:**

P.O. BOX 48927  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 65-0069850      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SMITH, WALTER F  
2002 RINGLING BOULEVARD 8TH FLOOR  
SARASOTA, FL 34237 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: PD ( ) Delete  
Name: HAWORTH, LEE E  
Address: 2002 RINGLING BOULEVARD 10TH FL  
City-St-Zip: SARASOTA, FL 34237

Title: VTD ( ) Delete  
Name: SMITH, WALTER F  
Address: 2002 RINGLING BOULEVARD 8TH FL  
City-St-Zip: SARASOTA, FL 34237

Title: SD ( ) Delete  
Name: OWENS, ANDREW D  
Address: 2002 RINGLING BOULEVARD 8TH FL  
City-St-Zip: SARASOTA, FL 34237

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

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

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

Title: SD (X) Change ( ) Addition  
Name: OWENS, ANDREW D  
Address: 2002 RINGLING BOULEVARD  
City-St-Zip: SARASOTA, FL 34237

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: WALTER F. SMITH

VTD

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date