

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 27, 2009  
Secretary of State**

DOCUMENT# N29702

Entity Name: LES AND JUDY SMOUT FOUNDATION, INC.

**Current Principal Place of Business:**

%LES SMOUT  
100 N. STARCREST  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

LES SMOUT  
2378 ANTHONY AVENUE  
CLEARWATER, FL 33759 US

**Current Mailing Address:**

%LES SMOUT  
POB 5165  
CLEARWATER, FL 33758 US

**New Mailing Address:**

LES SMOUT  
PO BOX 344  
SAFETY HARBOR, FL 34695 US

FEI Number: 65-0118624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMOUT, LES  
100 N. STARCREST  
CLEARWATER, FL 33765 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: PDT ( ) Delete  
Name: SMOUT, LES,  
Address: 100 N. STARCREST  
City-St-Zip: CLEARWATER, FL

Title: DS ( ) Delete  
Name: SMOUT, JUDY,  
Address: 100 N. STARCREST  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: HEYMAN, JANET S  
Address: 100 N. STARCREST  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: GRUDIS, JOANNE S  
Address: 100 N STARCREST DR  
City-St-Zip: CLEARWATER, FL

**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: LES SMOUT

PDT

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date