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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 1. Corporation Name N34655

(3)

HARRY AND MABLE SMITH FAMILY FOUNDATION, INC.

| Principal Place | e of Business | Matria Add | | | | | |
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| гинора гас | e or business | Mailing Address | | | s constitut man niet dibte Bilds | Boidt digs Bidit Bylli Alf | itt minit ninit ninti tähi |
| 332 BUNKERS COVE RD. 332 BUNKERS COVE R PANAMA CITY FL 32401 PANAMA CITY FL 3240 | | | | | | | |
| 0 Deineinal D | N | | · | | Date Incorporated or Qualified 10/12/1989 | | Last Report 17/1995 |
| 2. Principar P 21 | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| Suite, Apt. | # etc. | Suite, Apt. #, etc. | | | 59-2978364 | | Not Applicable |
| 2 | , | 27 | | | 5. Certificate of Status Desired | \$ | 8.75 Additional |
| City & Stat | le | City & State | · | | 6. Election Campaign Financing | | Fee Required |
| 3 | | 28 | | | Trust Fund Contribution | 11 7 | 5.00 May Be Added to Fees |
| _ <i>Z</i> ıp −ı | Country | Zıp | c | ountry | 8. This corporation has liability for | | |
| 4 | 25 | 29 | 30 | | Florida Statutes | ☐ Yes ☐ No | |
| - | 9. Name and Address of Currer | nt Hegistered Agent | | 94 1 | 10. Name and Address of New | Registered Ager | ıt |
| A | | | | 81 Name | | | |
| | MABLE F | | | 82 Street Ad | ddress (P.O. Box Number is Not Accept | able) | |
| | NKERS COVE RD. | | | B3 | | | |
| PANAM | A CITY FL 32401 | | | | | | |
| | | | | 84 City | | 85 | Zip Code |
| 11. Pursuant | to the provisions of Sections 617 0503 | and 617 1508 Florida Sta | tutoo tha ak | 1 1 | poration submits this statement for the p | FL T | <u> </u> |
| familiär wi | red agent, or both, in the State of Flori ith, and accept the obligations of, Sect | tion 617.0503, Florida Statu | tes. | , | | | |
| familiar wi | ith, and accept the obligations of, Sect Signature, typed or printed name of registered agent | t and title if applicable. | (NOTE Register | ed Agent signature requ | uired when reinstaling) | DATE | |
| familiar wi | ith, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS AN | rand title if applicable. D DIRECTORS | (NOTE Registere | ed Agent signature requ | | DATE FFICERS AND DIRE | |
| familiär wi BIGNATURE 12. | ith, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS AN D | t and title if applicable. | (NOTE Registere | ed Agent signature required. | uired when reinstaling) | DATE | |
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