FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N34938

(3)

OTIS F. SMITH FOUNDATION, INC.								
Principal Place of Business Mailing Address								
9551 BAYMEADOWS RD. STE. #16 JACKSONVILLE FL 32256		9551 BAYMEADOWS RD. STE. #16 JACKSONVILLE FL 32256						
US		US			3. Date Incorporated or Qualified 10/26/1989	3a. Date of Las 02/09/		
Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-2979135	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 24	Country 25	7 Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ▼ Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg			
			81 Na	me		<u> </u>		
Jacobs, andrew t 11576 ft. Caroline Lake Dr. Jacksonville fl 32225			83	9551 Baymeadows Rd. Suite 16				
44 5					sonville		2256	
or registere	o the provisions of Sections 617.050; ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authorize	ed by the comoratio	d corporati in's board	on submits this statement for the purpor of directors. I hereby accept the appoir	ose of changing its ntment as registered	registered office d agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable (NO)	E: Rogistered Agent signa	lure required w	hen renstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
TITLE	D	DELETE	1.1 TITLE	MD		(X) Change	☐ Addition	
NAME	JACOBS, ANDREW T.		1.2 NAME				_	
STREET ADDRESS	DORESS 8787 SOUTHSIDE BLVD #816			1.3 STREEL ADDRESS 8787 Southside Blvd #2807				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		acksonville, FL 3225	6	İ	
TITLE	D	DELETE	2 1 TITLE			☐ Change	☐ Addition	
NAME	SMITH, OTIS F.		2.2 NAME	22 NAME				
STREET ADDRESS			2.3 STREET ADDRE	DORESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - ST- ZIP					
TITLE	D	DELETE	3 1 TITLE			Change	Addition	
NAME	SMITH, EMILY		3 2 NAME					
STREET ADDRESS	2767 FOREST CIRCLE		3.3 STREET ADORE	ss				
CITY-ST-ZIP	JACKSONVILLE FL		34. CITY-ST-ZIP					
TITLE	C	DELETE	41 THILE			🔼 Change	☐ Addition	
NAME	BLEVINS, MICHAEL		4 2 NAME			_		
STREET ADDRESS	BARNETT BANK OF JACKSONVILLE		4.3 STREET ADDRE		077 Bonneval Rd. #450			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP	Ja	cksonville, FL 3221	16		
THILE	D	DELETE	51 TITLE			Change	☐ Addition	
NAME	COBBIN, FRANK W		5.2 NAME					
STREET ADDRESS	ATT & T		5 3 STREET ADDRE	SS			İ	
CITY-ST-ZIP	JACKSONVILLE FL	-w	5 4 CITY-ST-ZIP					
TITLE	D	™ DELETE	6.1 TITLE			Change	☐ Addition	
NAME	GILMORE, ARTIS		6.2 NAME					
STREET ADDRESS	1033 OAK ST.		6.3 STREET ADDRE	ss				
CITY-ST-ZIP	JACKSONVILLE FL		6 4 CITY - ST - ZIP					
certify that	certify that the information supplied the information indicated on this anni	with this filing is voluntarily furnic Lat report or supplemental annu	sped and does not all report is true and	qualify for d accurate	the exemption stated in Section 119.07 and that my signature shall have the sa	'(3)(k), Florida Statu ime legal effect as i	tes. I further f made under	

oath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME SHOWING OFFICE AND SUBECTOR

4/30/96 (901) 731-710C