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Feb 25, 1999 8:00 am
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02-25-1999 90038 028 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34938

1. Corporation Name

OTIS F. SMITH FOUNDATION, INC.

Principal Place of Business

9551 BAYMEADOWS RD.
STE. #16
JACKSONVILLE FL 32256
US

Mailing Address

9551 BAYMEADOWS RD.
STE. #16
JACKSONVILLE FL 32256
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **1 San Jose Place**

26

10/26/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 **Suite 35**

27

59-2979135

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 **JACKSONVILLE**

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **32257**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, ANDREW T
9551 BAYMEADOWS ROAD
SUTIE 16
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **MD** ☐ DELETE
NAME **JACOBS, ANDREW T.**
STREET ADDRESS **8787 SOUTHSIDE BLVD. #2807**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **JACOBS, ANDREW**
1.3 STREET ADDRESS **1 SAN JOSE PL STE 35**
1.4 CITY-ST-ZIP **JAX FL 32257**

TITLE **D** ☐ DELETE
NAME **SMITH, OTIS F.**
STREET ADDRESS **ONE MAGIC PL-ORLANDO ARENA-**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SMITH, OTIS**
2.3 STREET ADDRESS **1 SAN JOSE PL STE 35**
2.4 CITY-ST-ZIP **JAX, FL 32257**

TITLE **D** ☐ DELETE
NAME **SMITH, EMILY**
STREET ADDRESS **2767 FOREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **BAKER, DAN**
STREET ADDRESS **1701 HIGHWAY 21**
CITY-ST-ZIP **MIDDLEBURG FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Baker, DAN**
4.3 STREET ADDRESS **P O Box 459**
4.4 CITY-ST-ZIP **Middleburg, FL 32050**

TITLE **TD** ☒ DELETE
NAME **HEINZ, JAMES**
STREET ADDRESS **P O BOX 190**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **DOYLE, DENNIS M JR**
STREET ADDRESS **3931 BAYMEADOWS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (11/98)