

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34938

FILED
Jan 12, 2005
Secretary of State

Entity Name: OTIS F. SMITH FOUNDATION, INC.

Current Principal Place of Business:

1 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 32257 US

Current Mailing Address:

1 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

4000 ST. JOHNS AVENUE
SUITE 26-B
JACKSONVILLE, FL 32205 US

New Mailing Address:

4000 ST. JOHNS AVENUE
SUITE 26-B
JACKSONVILLE, FL 32205 US

FEI Number: 59-2979135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, JAMES T
1 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

MURPHY, JAMES T
4000 ST. JOHNS AVENUE
SUITE 26-B
JACKSONVILLE, FL 32205 US

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:

01/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MURPHY, JAMES T
Address: 1 SAN JOSE PL STE 35
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: SMITH, OTIS F
Address: 1 SAN JOSE PL. STE. 35
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: SMITH, EMILY
Address: 2767 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: SMITH, DERRICK
Address: 500 WATER ST, J880
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: TUTOR, TYRA
Address: 1 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MCQUIDDY, DEAN
Address: 1579 THE GARDENS WAY, STE 20
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MURPHY, JAMES T
Address: 4000 ST. JOHNS AVENUE, SUITE 26-B
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: SMITH, OTIS F
Address: 4000 ST. JOHNS AVENUE, SUITE 26-B
City-St-Zip: JACKSONVILLE, FL 32205

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES T. MURPHY

MD

01/12/2005

Electronic Signature of Signing Officer or Director

Date