2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34938

FILED Apr 19, 2006 Secretary of State

Entity Name: OTIS F. SMITH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4000 ST. JOHNS AVENUE SUITE 26-B

JACKSONVILLE, FL 32205 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

MURPHY, JAMES T

4000 ST. JOHNS AVENUE

SUITE 26-B

SUITE 26-B

SUITE 26-B

JACKSONVILLE, FL 32205 US 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: BONNIE P. UPRIGHT 04/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD () Delete Title: ED (X) Change () Addition
Name: MURPHY, JAMES T Name: UPRIGHT, BONNIE P

Address: 4000 ST. JOHNS AVENUE, SUITE 26-B Address: 4000 ST. JOHNS AVENUE, SUITE 26-B

City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete Title: () Change () Addition

 Name:
 SMITH, OTIS F
 Name:

 Address:
 4000 ST. JOHNS AVENUE, SUITE 26-B
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: SMITH, EMILY Name: MARINATOS, TONY

 Address:
 2767 FOREST CIRCLE
 Address:
 1610 INDEPENDENT SQUARE

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: D () Delete Title: D (X) Change () Addition Name: SMITH, DERRICK Name: FROATS, TODD

Address: 500 WATER ST, J880 Address: 76 S. LAURA STREET, SUITE 1700

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete Title: () Change () Addition

 Title:
 D
 () Delete
 Title:

 Name:
 TUTOR, TYRA
 Name:

 Address:
 1 INDEPENDENT DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: MCQUIDDY, DEAN Name: MCQUIDDY, DEAN

Address: 1579 THE GARDENS WAY, STE 20
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Address: 1579 THE GREENS WAY, STE 20
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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: BONNIE P. UPRIGHT ED 04/19/2006