


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90184 010 ****61.25

DOCUMENT # N34938 1. Entity Name OTIS F. SMITH FOUNDATION, INC.			
Principal Place of Business 4000 ST. JOHNS AVENUE SUITE 26-B JACKSONVILLE, FL 32205 US		Mailing Address 4000 ST. JOHNS AVENUE SUITE 26-B JACKSONVILLE, FL 32205 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1 Independent Drive	
Suite, Apt. #, etc. Suite 3303		Suite, Apt. #, etc. Suite 3303	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country US	Zip 32202	Country US
6. Name and Address of Current Registered Agent UPRIGHT, BONNIE P 4000 ST. JOHNS AVENUE SUITE 26-B JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive, Suite 3303 City Jacksonville FL Zip Code 32202	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ED	TITLE	ED
NAME	UPRIGHT, BONNIE P <input type="checkbox"/> Delete	NAME	Bonnie Upright <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4000 ST. JOHNS AVENUE, SUITE 26-B	STREET ADDRESS	1 Independent Drive, Suite 3303
CITY - ST - ZIP	JACKSONVILLE, FL 32205	CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	D	TITLE	OTIS Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, OTIS F <input type="checkbox"/> Delete	NAME	1 Independent Drive, Suite 3303
STREET ADDRESS	4000 ST. JOHNS AVENUE, SUITE 26-B	STREET ADDRESS	JACKSONVILLE, FL 32202
CITY - ST - ZIP	JACKSONVILLE, FL 32205	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	MARINATOS, TONY <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1610 INDEPENDENT SQUARE	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	FROATS, TODD <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	76 S. LAURA STREET, SUITE 1700	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	TUTOR, TYRA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1 INDEPENDENT DR	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	MCQUIDDY, DEAN <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1579 THE GREENS WAY, STE 20	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250	CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Bonnie Upright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-16-07 904 8806847 <small>Date Daytime Phone #</small>	

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4. FEI Number 59-2979135 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required