


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90017 041 ****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 1 INDEPENDENT DRIVE SUITE 3303 JACKSONVILLE, FL 32202 US	
2. Principal Place of Business - No P.O. Box # 3856 Westridge Dr.		3. Mailing Address 9526 Argyle Forest Blvd.	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Bldg 2, PMB 326	
City & State Orange Park, FL		City & State Jacksonville, FL	
Zip 32065		Zip 32222	
Country		Country	
4. FEI Number 59-2979135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UPRIGHT, BONNIE P 1 INDEPENDENT DRIVE SUITE 3303 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3856 Westridge Drive City Orange Park FL Zip Code 32065	
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 <u>Bonnie Upright</u> DATE <u>4-13-08</u> <small>Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	ED UPRIGHT, BONNIE P 1 INDEPENDENT DRIVE, SUITE 3303 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonnie Upright 3856 Westridge Drive Orange Park, FL 32065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, OTIS F 1 INDEPENDENT DRIVE, SUITE 3303 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Otis Smith 8701 Maitland Summit Blvd. Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINATOS, TONY 1610 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROATS, TODD 76 S. LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTOR, TYRA 1 INDEPENDENT DR JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCQUIDDY, DEAN 1579 THE GREENS WAY, STE 20 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>		<u>Bonnie Upright</u> <u>4-13-08</u> <u>9042918604</u> <small>Date Daytime Phone #</small>	

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04132008 Chg-NP CR2E037 (12/06)