


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000505 1. Entity Name WELLINGTON-SMITH FOUNDATION, INC.	
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Principal Place of Business 14255 US HWY 1 SUITE 2175 JUNO BEACH, FL 33408	Mailing Address 14255 US HWY 1 SUITE 2175 JUNO BEACH, FL 33408
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FILED

05 FEB 21 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0395143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, BARBARA B
188 SPYGLASS LANE
JUPITER, FL 33477

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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 _____ DATE 02/21/05--01072--002 **0.01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

500046946705
02/21/05--01072--001 **\$1.24

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DENIS C 188 SPYGLASS LANE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, BARBARA B 188 SPYGLASS LANE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SEAN 138 SATINWOOD LN PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, STACY S 107 HOBART AVE SUMMIT, NJ 07901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTOPHER 220 EAST BUFFALO ST. 4TH FLOOR MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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2/28

12. 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 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: SEAN Smith 2/14/05 (561) 630-0257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #