2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000505

1. Entity Name
WELLINGTON-SMITH FOUNDATION, INC.

Principal Place of Business	Mailing Address
14255 US HWY 1 SUITE 2175 JUNO BEACH, FL 33408	14255 US HWY 1 SUITE 2175 JUNO BEACH, FL 33408

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02022008 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0395143
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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
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, 2006

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

10. OFFICERS AND DIRECTORS

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

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02/23/06-80058-008 61.25

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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: Sean Smith Director 2/8/06 561 630-0257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #