


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000505</b> 1. Entity Name <b>WELLINGTON-SMITH FOUNDATION, INC.</b>	
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Principal Place of Business <b>14255 US HWY 1 SUITE 2175 JUNO BEACH, FL 33408</b>	Mailing Address <b>14255 US HWY 1 SUITE 2175 JUNO BEACH, FL 33408</b>
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02222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0395143</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SMITH, BARBARA B 188 SPYGLASS LANE JUPITER, FL 33477</b>
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IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000856838 03/28/08-80027-014 61.25</b>
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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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IN THIS SPACE**

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** **3/10/08** **561-630-0257**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #