

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000000527 (1)**

1. Corporation Name

**EMMITT SMITH CHARITIES, INC.**

01/24/1994

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4300 BAYOU BOULEVARD  
SUITES 12 & 13  
PENSACOLA FL 32503**

**4300 BAYOU BOULEVARD  
SUITES 12 & 13  
PENSACOLA FL 32503**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

**01/24/1994**

4. FEI Number

**59-3220175**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERGUSON, MICHAEL L  
4300 BAYOU BOULEVARD  
SUITES 12 & 13  
PENSACOLA FL 32503**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **SMITH, EMMITT J III**  
STREET ADDRESS **3300 NORTH PACE BLVD., SUITE 210**  
CITY - ST - ZIP **PENSACOLA, FL FL 32505**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **VTD**  
NAME **SMITH, MARY**  
STREET ADDRESS **3300 NORTH PACE BLVD., SUITE 210**  
CITY - ST - ZIP **PENSACOLA, FL FL 32505**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

**STD**

☒ Change ☐ Addition

**300001437333**

**-03/23/95--01016--004**

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE **SD**  
NAME **SMITH-HUFF, MARSHA**  
STREET ADDRESS **3300 NORTH PACE BLVD., SUITE 210**  
CITY - ST - ZIP **PENSACOLA, FL FL 32505**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

**D**

**Wendolyn R. Bennett  
3001 High Pointe Place  
Pensacola, FL 32505**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

**D**

**Charles Williams  
3159 Marcus Pointe Blvd.  
Pensacola, FL 32505**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

**D**

**Norman Ross  
5295 Durango Place  
Pensacola, FL 32504**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

**D**

**Werner Scott  
5215 No. O'Connor Rd., Suite 770  
Irving, Texas 75039**

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*Emmitt Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-95 904-434-6637**

**EMMITT SMITH CHARITIES, INC.**

**1995 CORPORATION ANNUAL REPORT**

13. Additions/Changes to Officers and Directors in 12 (cont'd):

D

[ ] Change

[x] Addition

Linda Todd

220 E. Las Colinas Blvd.

Irving, TX 75039