

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000000527 (1)**

1. Corporation Name

**EMMITT SMITH CHARITIES, INC.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
**01/24/1994**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BENNETT, WENDOLYN R  
STREET ADDRESS 3001 HIGH POINTE PLACE  
CITY - ST - ZIP PENSACOLA FL 32505

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WILLIAMS, CHARLES  
STREET ADDRESS 3159 MARCUS POINTE BLVD.  
CITY - ST - ZIP PENSACOLA FL 32504

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ROSS, NORMAN  
STREET ADDRESS 5295 DURANGO PLACE  
CITY - ST - ZIP PENSACOLA FL 32504

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCOTT, WERNER  
STREET ADDRESS 5215 NO. O'CONNOR RD., SUITE 770  
CITY - ST - ZIP IRVING TX 75039

6.1 TITLE ☐ 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 119.07(3)(k), 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 of Block 13 if changed or of Block 14 with an address.

SIGNATURE:

*Emmitt Smith*

**2/22/96**

**(904) 432-3226**

Date

Daytime Phone #

CR2E037 (12/95)