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Jun 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32503-2671



3. Date Incorporated or Qualified  
01/24/1994

3a. Date of Last Report  
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 880 N. REUS ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 4B

27

City & State

City & State

23 PENSACOLA

28

Zip

Country

Zip

Country

24 32501

25 ESCAMBIA

29

30

4. FEI Number

59-3220175

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 as an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (9/96)