FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



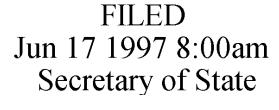
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000527 (1)

EMMITT SMITH CHARITIES, INC.





Principal Place of Business				Mailing Address					I KODISIDA DAD IDIJI DIDIJ DOSKI DIBIA		18 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11011 1801 1 3 01
4300 BAYOU BOULEVARD SUITES 12 & 13 PENSACOLA FL 32503			4300 BAYOU BOULEVARD SUITES 12 & 13 PENSACOLA FL 32503-2671									
PERSONAL PER								3 . D	ate Incorporated or Qualified 01/24/1994	3a. Da	te of Last R 02/28/19	
2. Principal P			2a. Mailing Address				4. F	El Number		Ap	plied For	
ei 880 N. Reus st.				26					59-3220175		No	ot Applicable
Suite, Apt. #, etc. 22 Suite 4B				Suite, Apt. #, etc.				5 . C	ertificate of Status Desired		\$8.75 A	
City & State PENSACOLA				City & State				1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country			Zip Cou			ntry 8. T		his corporation has liability for			. 199.032,
24 32 5				30							X No	
9. Name and Address of Current Registered Agent							1-77	10. N	lame and Address of New Re	gistered	Agent	
						81	Name					
FERGUSON, MICHAEL L 4300 BAYOU BOULEVARD						82	Street Ad	ddress (P.C	. Box Number is Not Acceptab	ole)		
	12 & 13			83								
PENSAG	COLA FL 32	2503				84	City		····		85 Zip (Code
				-			,			FL	1	
11. Pursuant office or ragent. I a	to the provisi registered aga am familiar wit	ons of Sections 617.0502 ent, or both, in the State c th, and accept the obligat	and 6 I Flori ions o	317.1508, Florida Sta da. Such change wa f, Section 617.0503	atutes, the as authori , Florida S	abov zed b statute	e-named co y the corpo s.	corporation s oration's bos	submits this statement for the pard of directors. I hereby accept	ourpose of of the app	changing it ointment as	s registered registered
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F							ent signature re	equired when rei		DATE	Bineriano	
12.		OFFICERS AND	DIRE	DELETE		3.		AL.	DITIONS/CHANGES TO OFFIC	ZERS AND		
TITLE	PD	CARACTE 111		M DECEIE		1 TITLE	-				L Change	☐ Addition
NAME		EMMITT J III				2 NAME						
STREET ADDRESS		ORTH PACE BLVD., SU	#IC 4	210			ADDRESS		4			
CITY-\$T-2IP TITLE		OLA, FL FL 32505		DELETE		<u>4 City-9</u> 1 Title	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	STD	MARY		DELETE			i				CT Cliange	LI Addition
	SMITH,		iite 4	340	1	2 NAME	4000000					}
STREET ADDRESS		ORTH PACE BLVD., SU	111E 6	צוט			ADDRESS					
CITY-\$T-ZIP		OLA, FL FL 32505		DELETE		4 CITY 1 TITLE	St-ZIP		*****		Change	Addition
NAME	DEVINE	T WENDALVILD		Decene		2 NAME					C Onlange	
STREET ADDRESS		IT, WENDOLYN R GH POINTE PLACE					ADDRESS					
CITY-ST-ZIP		COLA FL 32505				a sincei 4. City-:	í					Ì
TITLE	D	AAAA LE OEGO		☐ DELETE		4. UITT- 1 TITLE	01- £IF				Change	Addition
NAME	_	IS, CHARLES				2 NAME						
STREET ADDRESS		ARCUS POINTE BLVD.					ADDRESS		ning open unanggebore	were the	· Si	
CITY-ST-ZIP		OLA FL 32504				4 CiTY-S	Į.					}
TITLE	D	7001112 32771		DELETE		1 TITLE					Change	Addition
NAME	_	NORMAN			5.3	2 NAME					-	
STREET ADDRESS		JRANGO PLACE					ADDRESS					
CITY-ST-ZIP		OLA FL 32504				4 CITY-5						1
TITLE	D			☐ DELETE		1 TITLE					Change	Addition
NAME	, -	WERNER				2 NAME					-	ĺ
STREET ADDRESS		O. O'CONNOR RD.,SU	ITE 7	70			ADDRESS					
CITY-ST-ZIP		TX 75039		• =		4 CITY-S						

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 that an address.