

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000004707 (4)  
1. Corporation Name  
THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION, INC.



Principal Place of Business 4000 THOMASVILLE RD TALLAHASSEE FL 32309 3548 TRILLIUM CT. TALLAHASSEE, FL 32312		Mailing Address 1980 THOMASVILLE RD TALLAHASSEE FL 32309 3548 TRILLIUM CT. TALLAHASSEE, FL 32312	
21	22	26	27
21 Principal Place of Business 3548 TRILLIUM CT Suite, Apt. #, etc.		26 Mailing Address 3548 TRILLIUM CT. Suite, Apt. #, etc.	
22 City & State TALLAHASSEE FL		27 City & State TALLAHASSEE FL	
24	25	29	30
24 Zip 32312		29 Zip 32312	
25 Country US		30 Country US	

3. Date Incorporated or Qualified 09/29/1995	
4. FEI Number APPLIED FOR 31-1525711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
WALKER, CLAUDE R  
1330 THOMASVILLE RD  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name	STEPHENS, RICHARD L.
82 Street Address (P.O. Box Number is Not Acceptable)	3548 TRILLIUM CT.
83	
84 City	TALLAHASSEE FL
85 Zip Code	32312

11. Pursuant to the provisions of Sections 617.0512 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: *Richard L. Stephens* RICHARD L. STEPHENS DATE: 2/25/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, RICHARD	
STREET ADDRESS	3548 TRILLIUM CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNY, LINDA	
STREET ADDRESS	3500 VALLEY CREEK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DERZPOLSKI, STAN	
STREET ADDRESS	1830 MYRICK RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINNEY, WRIGHT	
STREET ADDRESS	6725 APPOLO TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HACKMEYER, MICHELLE	
STREET ADDRESS	5025 LOUVINIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEPHENS RICHARD L.	
1.3 STREET ADDRESS	3548 TRILLIUM CT	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUGER, WILLIAM	
2.3 STREET ADDRESS	2979 HUNTINGTON	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREICHEL, WILLIAM	
3.3 STREET ADDRESS	989 RAWWINKEL	
3.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 on an attachment with an address.

SIGNATURE: *Richard L. Stephens* RICHARD L. STEPHENS 856/894-2454

CR2E037 (10/97)