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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004707

1. Corporation Name
THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION, INC.

Principal Place of Business
**3548 TRILLIUM COURT
 TALLAHASSEE FL 32312
 US**

Mailing Address
**3548 TRILLIUM COURT
 TALLAHASSEE FL 32312
 US**



| | | | | | |
|--------------------------------|--|-------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/29/1995 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 31-1525711 | |
| 22. City & State | | 27. City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| 23. Zip | | 28. Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | | 29. Zip | | 30. Country | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| STEPHENS, RICHARD L. 3548 TRILLIUM CT TALLAHASSEE FL 32312 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | | | |

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]* **RICHARD L. STEPHENS, PRESIDENT** DATE: **3/30/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | DEBORAH JEAN BASS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEPHENS, RICHARD L. | 1.2 NAME | |
| STREET ADDRESS | 3548 TRILLIUM CT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOWNEY, LINDA | 2.2 NAME | DEBORAH JEAN BASS |
| STREET ADDRESS | 3500 VALLEY CREEK DRIVE | 2.3 STREET ADDRESS | 3537 HARTSFIELD ROAD |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | 2.4 CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DERZPOLSKI, STAN | 3.2 NAME | JOANNE VESECKY |
| STREET ADDRESS | 1830 MYRICK RD. | 3.3 STREET ADDRESS | 133 BEATY TAFF DRIVE |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | 3.4 CITY-ST-ZIP | CRANFORDVILLE, FL 32327 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FINNEY, WRIGHT | 4.2 NAME | WILLIAM TREKHEL |
| STREET ADDRESS | 6725 APPOLO TRAIL | 4.3 STREET ADDRESS | 1349 E. LAFAYETTE ST. |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 4.4 CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | ST <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HACKMEYER, MICHELLE | 5.2 NAME | |
| STREET ADDRESS | 5025 LOUVINIA DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUGER, WILLIAM | 6.2 NAME | |
| STREET ADDRESS | 2979 HUNTINGTON | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | 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, with all other like empowered.

SIGNATURE: *[Signature]* **RICHARD L. STEPHENS, PRESIDENT** DATE: **30 March 1999** DAYTIME PHONE: **850/410-7354**

CR2E037 (11/98)