

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2004
Secretary of State**

DOCUMENT# N95000004707

Entity Name: THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION, INC.

Current Principal Place of Business:

3548 TRILLIUM COURT
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

3548 TRILLIUM COURT
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 31-1525711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, RICHARD L.
3548 TRILLIUM CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

STEPHENS, RICHARD L.
3548 TRILLIUM CT
TALLAHASSEE, FL 32312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD L. STEPHENS 04/12/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEPHENS, RICHARD L.
Address: 3548 TRILLIUM CT.
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: DOWNEY, LINDA
Address: 3500 VALLEY CREEK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: P () Delete
Name: DERZPOLSKI, STAN
Address: 1830 MYRICK RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: FINNEY, WRIGHT
Address: 6725 APPOLO TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: GENGENBACH, MERIANNE
Address: 989 REHWINKLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GETMAN, ANN
Address: 1807 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DERZPOLSKI, STAN
Address: 1830 MYRICK RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: P (X) Change () Addition
Name: FINNEY, WRIGHT
Address: 6725 APPOLO TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: VESECKY, JOEANN
Address: 133 BEATTY TAFF DR
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA DOWNEY T 04/12/2004
Electronic Signature of Signing Officer or Director Date