


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004707	
1. Entity Name THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION, INC.	

Principal Place of Business 6725 APOLLO TRAIL TALLAHASSEE, FL 32308 US	Mailing Address 6725 APOLLO TRAIL TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE

05092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1525711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

FINNEY, WRIGHT
6725 APOLLO TRAIL
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

U000000764112
05/30/07-80042-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINNEY, WRIGHT 6725 APOLLO TRIAL TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOWNEY, LINDA 3500 VALLEY CREEK DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERZPOLSKI, STAN 4345 JACKSONVIEW DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENGENBACH, MERIANNE 989 REHWINKLE RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESECKY, JOEANN 133 BEATTY TAFF DR CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Downey* Linda Downey 5/9/07 850/893-2664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #