

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004707

FILED  
Jun 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7993 PRESERVATION ROAD  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

7993 PRESERVATION ROAD  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

FEI Number: 31-1525711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FINNEY, WRIGHT  
7993 PRESERVATION ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FINNEY, WRIGHT  
Address: 7993 PRESERVATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D ( ) Delete  
Name: DERZPOLSKI, STAN  
Address: 4345 JACKSONVIEW DR  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 B. DOWNEY

T/D

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date