

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002761

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: SMITH-WILLIAMS SERVICE CENTER FOUNDATION, INC.

## Current Principal Place of Business:

2295 PASCO ST  
TALLAHASSEE, FL 32310

## New Principal Place of Business:

## Current Mailing Address:

2295 PASCO ST  
TALLAHASSEE, FL 32310

## New Mailing Address:

FEI Number: 59-3417000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, GLORIA J  
2295 PASCO ST  
TALLAHASSEE, FL 32310 US

## Name and Address of New Registered Agent:

HOLMES, FRANKLIN D  
2295 PASCO ST  
TALLAHASSEE, FL 32310 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: FRANKLIN D. HOLMES

04/27/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BRUTON, QUEEN  
Address: 111 LINCOLN ST.  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: OKEKE, MARIA  
Address: 3226 DUNGARVAN DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete  
Name: STATEN, URSULA  
Address: 2109 SAXON ST  
City-St-Zip: TALLAHASSEE, FL 32310

Title: S ( ) Delete  
Name: TURNBOW, SANDY  
Address: 2750 OLD ST. AUGUSTINE RD #T204  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BUTLER, EUGENE  
Address: 111 LINCOLN ST.  
City-St-Zip: TALLAHASSEE, FL

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

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

Title: S (X) Change ( ) Addition  
Name: HOWARD, VIOLA E  
Address: 42 MOSE GAVIN LANE  
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: EUGENE BUTLER

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date