2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# N96000002761

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:

HOLMES, FRANKLIN D
2295 PASCO ST
TALLAHASSEE, FL 32310 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: PD ( ) Delete
Name: BUTLER, EUGENE
Address: 725 GREENLEAF DR
City-St-Zip: TALLAHASSEE, FL 32305

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: HOWARD, VIOLA E
Address: 42 MOSE GAVIN LANE
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EUGENE BUTLER PD 01/23/2006

Electronic Signature of Signing Officer or Director — Date