

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002761

FILED
Feb 16, 2009
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:

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: FRANKLIN, LEONARD
Address: 5660 OLD HICKORY LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: BRUTON, QUEEN E
Address: 111 LINCOLN ST.
City-St-Zip: TALLAHASSEE, FL 32301

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CHRISTIC, PUGH-HENRY
Address: 3121 PONTIAC DR.
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: S (X) Change () Addition
Name: NICOLE, HARGRAVES
Address: 614 GORE AVE.
City-St-Zip: TALLAHASSEE, FL 32310

Title: 2VP () Change (X) Addition
Name: RAY, EATON
Address: 427 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

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: FRANKLIN D. HOLMES

RA

02/16/2009

Electronic Signature of Signing Officer or Director

Date