

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

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001588

1. Entity Name
**LEONARD J. AND ETHEL H. SMITH CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**947 TIVERTON AVE
#362
LOS ANGELES, CA 90024-3012**

Mailing Address
**947 TIVERTON AVENUE
362
LOS ANGELES, CA 90024-3012**

DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0743750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, FRANK T ESQ
KATZ, BARRON, SQUITERO & FAUST, PA
100 NE THIRD AVENUE, SUITE 280
FORT LAUDERDALE, FL 33301**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
SMITH, LEONARD J
947 TIVERTON AVENUE APT 362
LOS ANGELES, CA 900243012**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DVPS
SMITH, ETHEL H
947 TIVERTON AVENUE APT 362
LOS ANGELES, CA 900243012**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
SMITH, NEIL J
36 LONG VIEW DRIVE
GREEN BROOK, NJ 08812**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DT
BUCKLEY, GAIL SASS
1814 PREUSS ROAD
LOS ANGELES, CA 90035**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000715532
04/27/07-80064-017 61.25

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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: *Leonard J. Smith* **LEONARD J. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07 **310-208-2468**
Date Daytime Phone #