FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700002997 (1)

SMITH FAMILY FOUNDATION, INC.

Principal Place of Business Mailing Address								4 DEGITIES ONE CONTINUEDIT DECIT	46 111 0 5111 69 111 69 1		JOIN HOEN POEH	
				2511 COZUMEL DR. TAMPA FL 33618				-	3. Date Incorporated or Qualified 05/22/1997			
								<u> </u>	4. FEI Number		A	pplied For
									59-3480833		N	lot Applicable
2. Principal P	lace of Busin	1068	2a. Mailing Address					5. Certificate of Status Desire	ad 🗆	\$8.75	Additional	
21				26					G. Corpicate or Olatos Desire	·	Fee F	Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Finance		T	May Be
City & State				City & State					Trust Fund Contribution Added to Fees			
23				26					7. Is this nonprofit corporation a homeowners association? — Yes No			
Žio	Žip Country			Zip Country				-+	8. This corporation owes or has paid the current year Intangible			
24	26			29 30					Personal Property Tax due June 30. Yes No			
	9. Name	and Address of Current					1	10. Name and Address of New Registered Agent				
						91	Name					
GORDON, BRUCE H						12	Street Address (P.O. Box Number is Not Acceptable)					
101 E. K				Oliobi No	udigoo	S (F.O. DOX 14th IDE) IS 1401 ACC	Capitalia)					
TAMPA F		[·	13									
					-	4	City				85 Zip	Code
]	\Box				FL		
11. Pursuant	to the provis	ions of Sections 617.0502	and 6	17.1508, Florida Statutes	the about	ove hv	-named co	orpora	ation submits this statement to	r the purpose of	changing	its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE .												
12.	Signature, typed	or printed name of registered agent OFFICERS AND			Hagistered /	Agen	nt eignature req	quired w	when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTO	RS IN 12
TITLE	Б	OF TOLTO AND	Dirick	☐ DELETE	1.1 T(TL)	<u> </u>		D/		0.1102307842	Change	Addition
NAME		N, BRUCE H			1.2 NAM			-,	•			
STREET ADDRESS	ANA EL MENTENIA DI LOS ANTE ANTE					1.3 STREET ADDRESS						
CITY-ST-ZIF	TAMPA		1.4 CITY-ST-ZIP									
TITLE	D			☐ DELETE	2.1 TITLE			D/	S		Change	Addition .
NAME		DSON, E.J.			2.2 NAM	Œ						
STREET ADDRESS	s 101 E. KENNEDY BLVD., STE. 2800					2.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA	FL 33802				Y - ST	T-ZIP					
TITLE	D			☐ DELETE	3.1 TITLE	£	1	D/	P .		Change	Addition
NAME	" SMITH, DARRELL C					3.2 NAME						
STREET ADDRESS						3.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA	FL 33602			3.4. CITY	_	T-ZIP				F	
TITLE				☐ DELETE	4.1 TITLE	E					Change	Addition
NAME]					4. 2 NAA							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				T priext	4.4 City		- ZIP				Change	Addition
TITLE				☐ DELETE	5.1 T(T).						C) Change	LJ AGORDII
NAME					5.2 NAM		4555550					ļ
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE	5.4 CITY 6.1 TITLE	_	1-ZIP				Change	Addition
NAME					6.2 NAM							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					6.4 CiTY		· · ·					
14. I hereby o	certify that th	e information supplied with	this f	iling does not qualify for	the exer	noti	ion stated	in Sec	ction 119.07(3)(i), Florida Statu	utes. I further ce	rtify that th	e information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 composition or the receiver or the scene or the state or provided in the receiver of the state of the s												

SIGNATURE:

April 1998 (813)-229-7600

FILED

Apr 29 1998 8:00am

Secretary of State