

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N97000005243

1. Entity Name

EMILY BALZ SMITH FOUNDATION, INC.



FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
1 SAN JOSE PL., STE. 7 1 SAN JOSE PL., STE. 7
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3483065 Applied For Not Applicable

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

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
SMITH, V. HAWLEY JR.
1 SAN JOSE PL., STE. 7
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, EMILY B		NAME		
STREET ADDRESS	1 SAN JOSE PL., STE. 7		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32257		CITY-STATE-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, V. HAWLEY JR.		NAME		
STREET ADDRESS	1 SAN JOSE PL., STE. 7		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32257		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAY, TAYLOR SMITH C		NAME		
STREET ADDRESS	1 SAN JOSE PL., STE. 7		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32257		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ASHLEY T		NAME		
STREET ADDRESS	1 SAN JOSE PL., STE. 7		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32257		CITY-STATE-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNGEY, MARY LOUISE		NAME		
STREET ADDRESS	12844 BAY PLANTATION DR		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32223		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH III, HAWLEY V		NAME		
STREET ADDRESS	1 SAN JOSE PL., STE. 7		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32257		CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary Louise Dungey Sec/Tx 4-24-07 904-268-9990