


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

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90027 017 \*\*\*\*61.25

**DOCUMENT # N97000005457**

1. Entity Name  
**MARY L. SINGLETON FOUNDATION, INC.**



Principal Place of Business  
**1050 RIVERSIDE AVE**  
**JACKSONVILLE, FL 32202 US**

Mailing Address  
**1050 RIVERSIDE AVE**  
**JACKSONVILLE, FL 32202 US**

60025810



2. Principal Place of Business - No P.O. Box #  
**4745 Sutton Park Ct**

3. Mailing Address  
**same as #2**

Suite, Apt. #, etc.  
**Ste 602**

City & State  
**Jacksonville, FL**

Zip  
**32224**

Country  
**Dual**

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3045760**

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

**6. Name and Address of Current Registered Agent**  
**SMATHERS, BRUCE A R**  
**1050 RIVERSIDE AVE**  
**JACKSONVILLE, FL 32202**

**7. Name and Address of New Registered Agent**

Name  
**SMATHERS, BRUCE A R**

Street Address (P.O. Box Number is Not Acceptable)  
**4745 Sutton Park Ct.**

**Ste 602**

City **Jacksonville** **FL** Zip Code **32224**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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 D	NAME PHELAN, MARY ALICE STREET ADDRESS 2970 ST JOHNS AVE, APT 5D CITY-ST-ZIP JACKSONVILLE, FL 32205	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME JOHNSON, TED STREET ADDRESS 1301 S FIRST ST, APT 1501 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	NAME SMATHERS, BRUCE A STREET ADDRESS 4051 TIMUQUANA RD CITY-ST-ZIP JACKSONVILLE, FL 32210	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME YATES, ALTON STREET ADDRESS 2923 RIBAUTL SCENIC DR CITY-ST-ZIP JACKSONVILLE, FL 32208	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce A. Smathers **TD** 3/17/2007 358-2201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**BRUCE A. SMATHERS**