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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003526

1. Corporation Name
THE LUCILLE N. SMILEY CHARITY FOUNDATION, INC.

371965 - 90026 - 40

Principal Place of Business	Mailing Address
9231 LITTLE RIVER DR. MIAMI FL 33147	9231 LITTLE RIVER DR. MIAMI FL 33147

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0876032 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, JIM 9300 LITTLE RIVER DR. MIAMI FL 33147	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D ☑ DELETE	1.1 TITLE	P-D ☐ Change ☑ Addition
NAME	Lonita Smiley-Moss	1.2 NAME	Lanita Smiley-Moss
STREET ADDRESS	9231 Little River Drive	1.3 STREET ADDRESS	9231 Little River Dr.
CITY-ST-ZIP	Miami, FL 33147	1.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	V-P D ☑ DELETE	2.1 TITLE	V-P-D ☐ Change ☑ Addition
NAME	Jim Walker	2.2 NAME	Jim Walker
STREET ADDRESS	9300 Little River Drive	2.3 STREET ADDRESS	9300 Little River Dr.
CITY-ST-ZIP	Miami, FL 33147	2.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	R-S D ☑ DELETE	3.1 TITLE	RS-D ☐ Change ☑ Addition
NAME	Keisha Robinson	3.2 NAME	Keisha Robinson
STREET ADDRESS	9135 Little River Drive	3.3 STREET ADDRESS	9135 Little River Dr.
CITY-ST-ZIP	Miami, FL 33147	3.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	C-S ☑ DELETE	4.1 TITLE	C-S-D ☐ Change ☑ Addition
NAME	Maria Millender	4.2 NAME	Maria Millender
STREET ADDRESS	18646 NW 67 Avenue	4.3 STREET ADDRESS	18646 NW 67 Avenue
CITY-ST-ZIP	Miami, FL 33015	4.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	T ☑ DELETE	5.1 TITLE	Leven Smiley T-D ☐ Change ☑ Addition
NAME	Leven Smiley	5.2 NAME	
STREET ADDRESS	9231 Little River Drive	5.3 STREET ADDRESS	9231 Little River Dr.
CITY-ST-ZIP	Miami, FL 33147	5.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	Part ☑ DELETE	6.1 TITLE	D ☐ Change ☑ Addition
NAME	Maureen Bethel	6.2 NAME	Maureen Bethel
STREET ADDRESS	16015 NW 28 Place	6.3 STREET ADDRESS	16015 NW 28 Place
CITY-ST-ZIP	Miami, FL 33054	6.4 CITY-ST-ZIP	Miami, FL 33054

CR2E037 (11/98)

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Walker/JR/S.R.E. Walker 2/13/99 305-693-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #