


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004848	
1. Entity Name BRENDA K. AND VERNON D. SMITH FAMILY FOUNDATION, INC.	

Principal Place of Business 3150 N A1A #501N FT PIERCE, FL 34649 US	Mailing Address 3150 N A1A #501N FT PIERCE, FL 34649 US
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0859785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, VERNON D
3150 N A1A #501N
FT PIERCE, FL 34649

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, VERNON D
STREET ADDRESS	3150 N A1A #501N
CITY-ST-ZIP	FT PIERCE, FL 34649
TITLE	D
NAME	SMITH, BRENDA K
STREET ADDRESS	3150 N A1A #501N
CITY-ST-ZIP	FT PIERCE, FL 34649
TITLE	D
NAME	SMITH, CHRISTOPHER D
STREET ADDRESS	1300 SW 9TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	D
NAME	PETRONE, KATHY
STREET ADDRESS	1309 GREEN COVE ROAD
CITY-ST-ZIP	WINTER SPRINGS, FL 32789
TITLE	D
NAME	ESPLING, KAREN
STREET ADDRESS	5772 NEWBURY CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 329401883
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000487337
04/13/06-80073-020 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:  **VERNON D. SMITH** 3-26-06 462-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #