2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004848

FILED Apr 29, 2009 Secretary of State

Entity Name: BRENDA K. AND VERNON D. SMITH FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1600 SOUTH US 1 114 43RD AVE SW FORT PIERCE, FL 34950 VERO BEACH, FL 32968 US LIS **Current Mailing Address: New Mailing Address:** 1600 SOUTH US 1 114 43RD AVE SW FORT PIERCE, FL 34950 US VERO BEACH, FL 32968 US FEI Number: 65-0859785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, VERNON D SMITH, VERNON D 1600 S FEDERAL HWY 3150 N A1A #501N FORT PIERCE, FL 34950 FORT PIERCE, FL 34949 US US 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. SIGNATURE: 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SMITH, VERNON D SMITH, VERNON D Name: Name: 1600 S FEDERAL HWY Address: 3150 N A1A #501N Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34949 Title: () Delete Title: (X) Change () Addition SMITH, BRENDA K Name: SMITH, BRENDA K Name: Address: 3150 N A1A #501N Address: 3150 N A1A #501N City-St-Zip: FT PIERCE, FL 34649 City-St-Zip: FT PIERCE, FL 34949 Title: () Delete Title: (X) Change () Addition SMITH, CHRISTOPHER D Name: SMITH, CHRISTOPHER D Name: 1300 SW 9TH STREET Address: Address: 114 43RD AVE SW City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32968 Title: () Delete Title: () Change () Addition PETRONE, KATHY Name: Name: 1309 GREEN COVE ROAD Address: Address: City-St-Zip: WINTER SPRINGS, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition ESPLING, KAREN Name: Name: 5772 NEWBURY CIRCLE Address: Address: City-St-Zip: MELBOURNE, FL 329401883 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER D SMITH D 04/29/2009