

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006104

FILED
Feb 10, 2004
Secretary of State**Entity Name:** MIKE AND JACKIE SMITH FOUNDATION, INC.**Current Principal Place of Business:**3040 OLD COVE WAY
NAPLES, FL 34119**New Principal Place of Business:****Current Mailing Address:**3838 TAMIAMI TRAIL N
300
NAPLES, FL 34103**New Mailing Address:**3838 TAMIAMI TRAIL N
300
NAPLES, FL 34103**FEI Number:** 59-3539820**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOODMAN & BROWN, P.A.
3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**GOODMAN BREEN & GIBBS, P.A.
3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 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: KENNETH D. GOODMAN

02/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, E A
Address: 3040 OLD COVE WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: SMITH, JACQUELYN L
Address: 3040 OLD COVE WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: SMITH, JEFFREY E
Address: 11 BARBERRY RD
City-St-Zip: WOOSTER, OH 44691

Title: D () Delete
Name: CARMICHAEL, JILL A
Address: P.O. BOX 925
City-St-Zip: WOOSTER, OH 44691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EA SMITH

D

02/10/2004

Electronic Signature of Signing Officer or Director

Date