

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

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006610**

1. Entity Name  
**THE SMITH BROWN COMMUNITY FOUNDATION, INC.**



Principal Place of Business  
**128 WEST OAK ST  
ARCADIA, FL 33266**

Mailing Address  
**128 WEST OAK ST  
ARCADIA, FL 33266**



01172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3547914**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HACKNEY, WILLIAM A JR.  
124 WEST OAK STREET  
ARCADIA, FL 33266**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BOWERS, RICHARD JR.
STREET ADDRESS	1937 SW HENDRY ST.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	LEE, CHARLES
STREET ADDRESS	207 LINCOLN AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	BLANDIN, VICTOR
STREET ADDRESS	113 NORTH VOLUSIA AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	TD
NAME	HACKNEY, WILLIAM A JR.
STREET ADDRESS	128 WEST OAK ST
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000649401  
03/07/07-80047-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William A. Hackney Jr.* 2/23/07 863-494-6415