

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002221

FILED
Apr 26, 2004
Secretary of State

Entity Name: JEFF & PATRICE SMITH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

11 BARBERRY RD
WOOSTER, OH 44691

New Principal Place of Business:

Current Mailing Address:

11 BARBERRY RD
WOOSTER, OH 44691

New Mailing Address:

FEI Number: 59-3575843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, KENNETH D
3838 TAMiami TRAIL NORTH, STE. 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: SMITH, E.A.
Address: 356 CROMWELL CT.
City-St-Zip: NAPLES, FL 34108

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:

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: JEFFREY SMITH

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date