2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N99000002221

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

Principal Place of Business	Mailing Address
1217 BRIARCREST CIRCLE WOOSTER, OH 44691	1217 BRIARCREST CIRCLE WOOSTER, OH 44691

01152008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3575843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, JEFFREY
STREET ADDRESS	1217 BRIARCREST CIRCLE
CITY-ST-ZIP	WOOSTER, OH 44691
TITLE	D
NAME	SMITH, PATRICE
STREET ADDRESS	1217 BRIARCREST CIRCLE
CITY-ST-ZIP	WOOSTER, OH 44691
TITLE	D
NAME	SMITH, E.A.
STREET ADDRESS	8787 BAY COLONY DRIVE #202
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08:80065-014 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: Jeffrey L. Smith Jeffrey Smith 1-19-08 (330) 234-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #