## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007267

FILED Apr 13, 2009 Secretary of State

Entity Nar	ne: THE BO	NNY & BILL SMITH CHARITA	BLE FOUNDATION, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
980 N. FEI	SMITH, JR., F DERAL HIGH' TON, FL 334:	WAY, SUITE 402			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
980 N. FEI	SMITH, JR., F DERAL HIGH' TON, FL 334	WAY, SUITE 402			
FEI Number:	65-0968540	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SUITE 402 BOCA RA <sup>-</sup> The above	TON, FL 3345 named entity e of Florida. RE:	32 US submits this statement for the		ed office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMITH, ROBE	RAL HIGHWAY, SUITE 402	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SMITH, BILL T	RAL HIGHWAY, SUITE 402	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T ( SMITH, SCOT	) Delete	Title: Name:	( ) Change ( ) Addition	

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: ROBERTA SMITH 04/13/2009 Τ