

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

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DOCUMENT # N06344

1. Corporation Name

COYNE FAMILY FOUNDATION, INC.

Principal Place of Business

**8812 TWIN LAKE DRIVE
BOCA RATON FL 33496**

Mailing Address

**8812 TWIN LAKE DRIVE
BOCA RATON FL 33496**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/27/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2473967

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COYNE, MARTIN L.
8812 TWIN LAKE DRIVE
BOCA RATON FL 33496**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME COYNE, MARTIN L
STREET ADDRESS 8812 TWIN LAKE DR.
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COYNE, DEBORAH P
STREET ADDRESS 8812 TWIN LAKE DR
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME COYNE, MELISSA ANN
STREET ADDRESS 7421 NW BURNETT ST
CITY-ST-ZIP TURNERS FALLS MA

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME COYNE, RUSSELL
STREET ADDRESS 344 W DICKENS AVE
CITY-ST-ZIP CHICAGO IL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LEVINE, JEROME
STREET ADDRESS 230 PARK AVE, 20TH FLOOR
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **COYNE, MARTIN L.** 1/6/99 561-487-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)