2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N06344 1. Entity Name 04-19-2004 90249 043 ****61.25 COYNE FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 8812 TWIN LAKE DRIVE BOCA RATON FL 33496 8812 TWIN LAKE DRIVE 54035608 **BOCA RATON FL 33496** 3. Mailing Address [7834 GROLE POND GURT 2. Principal Place of Business 7534 CIRCLE POND GUR. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State, City & State 4. FEI Number Applied For BACA RATEN 59-2473967 BOCA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U S A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COYNE, MARTIN L Street Address (P.O. Box Number is Not Acceptable) 8812 TWIN LAKE DRIVE **BOCA RATON FL 33496** 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) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Change ☐ Addition Delete COYNE, MARTIN L NAME NAME 8812 TWIN LAKE DR. 17534 CIRCLE POND COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP BOCK RATON, FL 3349 ☐ Defete TITLE Addition COYNE, DEBORAH P NAME NAME 17534 CIRCLE POND COURT 8812 TWIN LAKE DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition COYNE, MELISSA ANN NAME NAME 7241 NW 64 TERRACE STREET ADDRESS STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete COYNE, RUSSELL NAME NAME 3404 LEIGH RD 2511 NE SISTERET STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY - ST- ZIP CITY-ST-ZiP LIGHTHOUSE POINT, EL TITLE ☐ Delete TITLE ☐ Addition LEVINE, JEROME NAME NAME 230 PARK AVE, 20TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 attendment with an address, with a with an address, with a statute of the corporation of the NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Daytime Phone

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