

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06344

FILED
Apr 19, 2008
Secretary of State

Entity Name: COYNE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

550 SE MIZNER BLVD.
#707
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

550 SE MIZNER BLVD.
#707
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-2473967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYNE, MARTIN L P
550 SE MIZNER BLVD.
#707
BOCA RATON, FL 33432 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: PD () Delete
Name: COYNE, MARTIN L P
Address: 550 SE MIZNER BLVD. #707
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: COYNE, MELISSA A SD
Address: 7241 NW 64 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: TD () Delete
Name: COYNE, RUSSELL G TD
Address: 3449 NW 44TH STREET #101
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: D () Delete
Name: LEVINE, JEROME D
Address: 230 PARK AVE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10154

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTIN L. COYNE

PD

04/19/2008

Electronic Signature of Signing Officer or Director

Date