2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N99000006945

Entity Name: BOYLE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7 N. PINE CIR.
BELLEAIR, FL 33756

New Principal Place of Business:

Current Mailing Address:

100 NORTH TAMPA STREET
SUITE 4100
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3669254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete
Name: BOYLE CALVE, ANN
Address: 7 N. PINE CIR.
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete
Name: BOYLE BAY, ELLEN
Address: 7 N. PINE CIR.
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete
Name: BOYLE, JAMES P
Address: 7 N. PINE CIR.
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete
Name: BOYLE DERDEYN, SUSAN
Address: 7 N. PINE CIR.
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete
Name: BOYLE, ROBERT T
Address: 7 N. PINE CIR.
City-St-Zip: BELLEAIR, FL 33756

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D P (X) Change ( ) Addition
Name: BOYLE, JOHN
Address: 7 N. PINE CIR.
City-St-Zip: BELLEAIR, FL 33756

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:

Title: D ( ) Change (X) Addition
Name: BOYLE CALVE, ANN
Address: 7 N. PINE CIR
City-St-Zip: BELLEAIR, FL 33756

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: JOHN BOYLE P 05/18/2009

Electronic Signature of Signing Officer or Director — Date