

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007020

FILED
Jan 16, 2005
Secretary of State

Entity Name: THE HENRY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3950 N. RIVERSIDE DRIVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

3950 N. RIVERSIDE DRIVE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-3677987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, JOEL E
6767 N. WICKHAM RD
SUITE 306
MELBOURNE, FL 32940 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: DP () Delete
Name: HENRY, ALLEN
Address: 3950 N. RIVERSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: DS () Delete
Name: HENRY, CHARLES
Address: 462 HWY 50 WEST
City-St-Zip: TIPTON, MO 65081

Title: D () Delete
Name: HENRY, JAMES
Address: PO BOX 453
City-St-Zip: STORM LAKE, IA 50588

Title: DT () Delete
Name: HENRY, DOUGLAS
Address: 195 S. GRANDVIEW AVE
City-St-Zip: DUBUQUE, IA 52001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HENRY, JAMES
Address: 1268 65TH STREET
City-St-Zip: WEST DES MOINES, IA 50266

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALLEN HENRY

DP

01/16/2005

Electronic Signature of Signing Officer or Director

_____ Date