

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State



DOCUMENT # N00000007020

1. Entity Name

THE HENRY FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

3950 N. RIVERSIDE DRIVE
 INDIALANTIC FL 32903

3950 N. RIVERSIDE DRIVE
 INDIALANTIC FL 32903



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3677987

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, JOEL E
 6767 N. WICKHAM RD
 SUITE 306
 MELBOURNE FL 32940

Name

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

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HENRY, ALLEN	
STREET ADDRESS	3950 N. RIVERSIDE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HENRY, CHARLES	
STREET ADDRESS	462 HWY 50 WEST	
CITY-ST-ZIP	TIPTON MO 65081	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JAMES	
STREET ADDRESS	1268 65TH STREET	
CITY-ST-ZIP	WEST DES MOINES IA 50266	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HENRY, DOUGLAS	
STREET ADDRESS	195 S. GRANDVIEW AVE	
CITY-ST-ZIP	DUBUQUE IA 52001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000634267
 02/22/07-80002-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attachment with an address, with all other like empowered

SIGNATURE: Allen S. Henry ALLEN S. HENRY, Director Pres. 02-07-07 321-777-7697