

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2009  
Secretary of State**

DOCUMENT# N00000007020

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  
360 N. BABCOCK STREET  
SUITE 104  
MELBOURNE, FL 32935 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: 222 OAK STREET DRIVE  
City-St-Zip: WINTERSET, IA 50273

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

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: ( ) 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: ALLEN HENRY

DP

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date