

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90275 029 \*\*\*\*61.25

**DOCUMENT # N00000007020**

1. Entity Name

**THE HENRY FAMILY FOUNDATION, INC.**



Principal Place of Business

**3950 N. RIVERSIDE DRIVE  
INDIALANTIC FL 32903**

Mailing Address

**3950 N. RIVERSIDE DRIVE  
INDIALANTIC FL 32903**

80003422



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

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  
8240 DEVEREUX DRIVE  
SUITE 100  
MELBOURNE FL 32940**

Name

**SAME**

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

**6767 N. WICKHAM RD.**

**SUITE 306**

City

**SAME**

**FL**

Zip Code

**SAME**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HENRY, ALLEN	2925 N RIVERSIDE DRIVE	INDIANATLANTIC FL 32909	<input type="checkbox"/>
D	HENRY, CHARLES	462 HWY 50 WEST	TIPTON MO 65081	<input type="checkbox"/>
D	HENRY, JAMES	704 MEADOW LANE	STORM LAKE IA 50588	<input type="checkbox"/>
DT	HENRY, DOUGLAS	195 S CRANDVIEW AVE	DUBUQUE IA 52001	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SAME	SAME	3950 N. RIVERSIDE DR	INDIALANTIC, FL 32903	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	SAME	SAME	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SAME	SAME	PO BOX 453	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SAME	SAME	195 S. GRANDVIEW AVE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Henry **ALLEN HENRY, PRES** 1-11-03 321 777 7687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR