

# 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.**



80003422



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>3950 N. RIVERSIDE DRIVE INDIALANTIC FL 32903</b>	Mailing Address <b>3950 N. RIVERSIDE DRIVE INDIALANTIC FL 32903</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-3677987</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BOYD, JOEL E**  
**8240 DEVEREUX DRIVE**  
**SUITE 100**  
**MELBOURNE FL 32940**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

CR2E037 (10/02)