

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005517

1. Entity Name
CONROY FAMILY CHARITABLE FOUNDATION, INC.



Principal Place of Business
**31 CACHE COY DRIVE
VERO BEACH, FL 32963**

Mailing Address
**31 CACHE COY DRIVE
VERO BEACH, FL 32963**



02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1126095

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONROY, WILLIAM
31 CACHE COY DRIVE
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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

X William Conroy
Signature, typed or printed name of registered agent and file, if applicable.

(NOTE: Registered Agent signature required when registering)

March 13, 2006
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONROY, WILLIAM J
STREET ADDRESS	31 CACHE CAY DR
CITY-ST-ZIP	VERO BEACH, FL 32983
TITLE	VD
NAME	CONROY, JOAN L
STREET ADDRESS	31 CACHE CAY DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	SD
NAME	CONROY-KELLER, REGINA
STREET ADDRESS	65 E 76TH ST # 6 B
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	TD
NAME	CONROY, BRIAN I
STREET ADDRESS	550 BEACH RD # 320
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000505622
04/26/06-80120-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

SIGNATURE:

X William Conroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2006
Date

772-734-6827
Daytime Phone #