

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005517

1. Entity Name
CONROY FAMILY CHARITABLE FOUNDATION, INC.



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

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



03122008 No Chg-NP CR2E037 (4/06)

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 CAY 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

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

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05/13/08-80046-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: *William J Conroy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/2008