

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

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008915**

1. Entity Name  
**HELEN AND VINCENT W. SHIEL PRIVATE FOUNDATION,  
INC.**



Principal Place of Business  
**6900 SE GOLFHOUSE RD  
HOBE SOUND, FL 33455**

Mailing Address  
**6900 SE GOLFHOUSE RD  
HOBE SOUND, FL 33455**



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**01-0566327**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 N LAURA ST, SUITE 2750  
JACKSONVILLE, FL 32202**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SHIEL, HELEN M  
6900 SE GOLF HOUSE DR  
HOBE SOUND, FL 33455**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SHIEL, S ANDREW  
6900 SE GOLFHOUSE DR  
HOBE SOUND, FL 33455**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SMITH, THOMAS M  
96 NE 4TH AVENUE  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000455847  
03/16/06-80004-019 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:** **THOMAS A. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-06**  
Date

**541-276**  
**7468**  
Daytime Phone #