


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008915</b> 1. Entity Name HELEN AND VINCENT W. SHIEL PRIVATE FOUNDATION, INC.	
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Principal Place of Business 6900 SE GOLFHOUSE RD HOBE SOUND, FL 33455	Mailing Address 6900 SE GOLFHOUSE RD HOBE SOUND, FL 33455
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02032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0566327	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  BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 N LAURA ST, SUITE 2750 JACKSONVILLE, FL 32202
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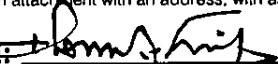
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

<p>U00000649399 03/07/07-80047-016 61.25</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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 like empowered.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Thomas A. Smith, Treas.</b> 2/5/07 (561) 276-7468 <small>Date Daytime Phone #</small>