

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**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**



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0566327**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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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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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000791528  
01/23/08-80078-023 61.25

**10. OFFICERS AND DIRECTORS**

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

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

TITLE STD  
NAME SMITH, THOMAS M  
STREET ADDRESS 96 NE 4TH AVENUE  
CITY-ST-ZIP 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

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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

Date

Daytime Phone #

1-9-08 (561) 226-7468