

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 SEP -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07312008 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000000097 1. Entity Name THE BETTY AND MARIE HEALY FAMILY FOUNDATION, INC.					
Principal Place of Business 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236				Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1566848	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236				Name Band, David S.	
				Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Ave., 10th Floor	
				City Sarasota	
				FL Zip Code 34236	
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 DATE 8/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAND, DAVID S 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100135602621 8/1/08--01026--003 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHEMBRI, JENIFER S 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hanan, Benjamin R, 240 S. Pineapple Ave., 10th Floor Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 DATE 8/1/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

KS