

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAR 27 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18465 (7)

1. Corporation Name
THE HENRY FOUNDATION, INC.

Principal Place of Business Mailing Address
**501 MANDALAY AVE
CLEARWATER BCH FL 34630
US** **515 NORTH STATE STREET
2340
CHICAGO IL 60610
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **36-3488849** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30
24 25 29 30

9. Name and Address of Current Registered Agent
**HENRY, C. WOLCOTT, III
501 MANDALAY AVENUE
CLEARWATER BEACH FL 34630**

10. Name and Address of New Registered Agent
81 Name **HENRY, C. WOLCOTT, III**
82 Street Address (P.O. Box Number is Not Acceptable) **180 GOMEZ ROAD**
83 **HOBE SOUND, FLORIDA 33455**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **C. WOLCOTT HENRY, III** DATE
Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HENRY, C. WOLCOTT, III
STREET ADDRESS	515 N. STATE, 2340
CITY - ST - ZIP	CHICAGO IL
TITLE	DS
NAME	HENRY, NANCY C.
STREET ADDRESS	515 N. STATE, 2340
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	HENRY, H. ALEXANDER
STREET ADDRESS	515 N. STATE, 2340
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	HENRY, NANCY C. II
STREET ADDRESS	515 N. STATE, 2340
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700001442497
2.4 CITY - ST - ZIP	-03/29/95--01035--007
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SEA
6.3 STREET ADDRESS	3-28
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **C. Wolcott Henry III** DATE: **3/17/95 (407) 546-1031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR