

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18465** (7)

1. Corporation Name
THE HENRY FOUNDATION, INC.



Principal Place of Business
**501 MANDALY AVE
CLEARWATER BCH FL 34630
US**

Mailing Address
**515 NORTH STATE STREET
2340
CHICAGO IL 60610
US**

3. Date Incorporated or Qualified **12/29/1986** 3a. Date of Last Report **03/27/1995**

2. Principal Place of Business
21 **180 GOMEZ ROAD** 2a. Mailing Address
26 **2900 M STREET N.W.**

4. FEI Number **36-3488849** Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27 **STE 200**

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

City & State
23 **HOBE SOUND, FL** 28 **WASHINGTON, D.C.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 **33455** 25 **US** 29 **20007** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HENRY, C. WOLCOTT, III
180 GOMEZ RD.
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, C. WOLCOTT, III	1.2 NAME	
STREET ADDRESS	515 N. STATE, 2340	1.3 STREET ADDRESS	2900 M STREET N.W. STE 200
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	WASHINGTON, DC 20007
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, NANCY C.	2.2 NAME	
STREET ADDRESS	515 N. STATE, 2340	2.3 STREET ADDRESS	2900 M STREET N.W. STE 200
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	WASHINGTON, DC 20007
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, H. ALEXANDER	3.2 NAME	
STREET ADDRESS	515 N. STATE, 2340	3.3 STREET ADDRESS	2900 M STREET N.W. STE 200
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	WASHINGTON, DC 20007
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, NANCY C. II	4.2 NAME	
STREET ADDRESS	515 N. STATE, 2340	4.3 STREET ADDRESS	2900 M STREET NW STE 200
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	WASHINGTON, DC 20007
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 **C. Wolcott Henry III** 3/21/96 202 298 7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)