

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 30, 2005  
Secretary of State**

DOCUMENT# N18465

Entity Name: THE HENRY FOUNDATION, INC.

**Current Principal Place of Business:**

180 GOMEZ ROAD  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

1900 M STREET NW  
STE 250  
WASHINGTON, DC 20036 US

**New Mailing Address:**

FEI Number: 59-2827461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HENRY, C. WOLCOTT, III  
180 GOMEZ RD.  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HENRY, C. WOLCOTT, I, II  
Address: 1900 M STREET NW STE 250  
City-St-Zip: WASHINGTON, DC

Title: DS ( ) Delete  
Name: HENRY, NANCY C.,  
Address: 1900 M STREET NW STE 250  
City-St-Zip: WASHINGTON, DC

Title: DT ( ) Delete  
Name: HENRY, H. ALEXANDER,  
Address: 1900 M STREET NW STE 250  
City-St-Zip: WASHINGTON, DC

Title: D ( ) Delete  
Name: MCKELVY, NANCY H  
Address: 1900 M STREET NW STE 250  
City-St-Zip: WASHINGTON, DC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. WOLCOTT HENRY, III

PD

06/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date