
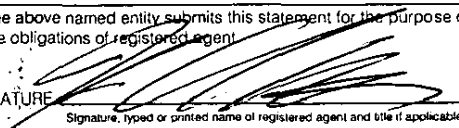
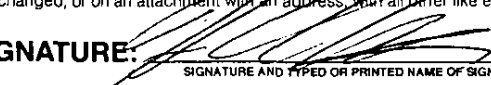


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90001 011 ****61.25

DOCUMENT # N18465			
1. Entity Name THE HENRY FOUNDATION, INC.			
Principal Place of Business 180 GOMEZ ROAD HOBE SOUND, FL 33455 US		Mailing Address 1990 M STREET NW STE 250 WASHINGTON, DC 20036 US	
2. Principal Place of Business - No P.O. Box # 324 SOUTH BEACH ROAD		3. Mailing Address Suite, Apt. #, etc.	
City & State HOBE SOUND FL		City & State	
Zip 33455		Country US	
6. Name and Address of Current Registered Agent HENRY, C. WOLCOTT, III 180 GOMEZ RD. HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 324 SOUTH BEACH ROAD City HOBE SOUND FL Zip Code 33455	
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 		H. ALEXANDER HENRY, TREASURER 7/3/07 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by September 14, 2007		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 HENRY, C. WOLCOTT, III 1990 M STREET NW STE 250 WASHINGTON, DC 20036 <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	DS HENRY, NANCY C. 1990 M STREET NW STE 250 WASHINGTON, DC 20036 <input checked="" 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	DT HENRY, H. ALEXANDER 1990 M STREET NW STE 250 WASHINGTON, DC 20036 <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	D MCKELVY, NANCY H 1990 M STREET NW STE 250 WASHINGTON, DC 20036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		H. ALEXANDER HENRY, TREASURER 7/3/07 Date Signature Phone # (202) 887-8998	



07032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2827461 Applied For Not Applicable

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