

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N29915** (8)

1. Corporation Name

SHEY CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O STEPHEN SHEY
2700 S.W. ARCHER ROAD
GAINESVILLE FL 32608

C/O STEPHEN SHEY
PO BOX 14424
GAINESVILLE FL 32604
US

3. Date Incorporated or Qualified
12/28/1988

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2941793

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEY, STEPHEN
2700 S.W. ARCHER ROAD
GAINESVILLE FL 32608

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

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **SHEY, CAROL A.**
CITY-ST-ZIP **2700 ARCHER RD.**
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **GREENWALD, DANIEL**
CITY-ST-ZIP **4503 NW 103 AVE.**
SUNRISE FL 33351

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **KOSS, WILLIAM F.**
CITY-ST-ZIP **1240 NW 11TH AVENUE**
GAINESVILLE FL

TITLE ☐ DELETE

NAME **STD**
STREET ADDRESS **SHEY, STEPHEN**
CITY-ST-ZIP **2700 SW ARCHER RD.**
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **HONEYCUTT, LISA R.**
CITY-ST-ZIP **2700 SW ARCHER RD.**
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **SHEY, SUSAN I.**
CITY-ST-ZIP **2700 SW ARCHER RD.**
GAINESVILLE FL 32608

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D.
SHEY, LAURA B
1700 SW ARCHER RD
GAINESVILLE, FL 32608

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D.
SHEY, KARA E.
2700 S.W. ARCHER RD.
GAINESVILLE, FL 32608

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SHEY, LISA, R.

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

1/22/96

352-378-1668

Daytime Phone #

CR2E037 (12/95)