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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32604-2424 US

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21: 6110 NW 1ST PLACE
Suite, Apt. #, etc. 22: SUITE A
City & State 23: GAINESVILLE FL
Zip 24: 32607 Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-2941793 ☐ 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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6110 NW 1st Place
83: Suite A
84 City: Gainesville **FL** 85 Zip Code: 32607

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEY, CAROL A.		1.2 NAME		
STREET ADDRESS	2700 ARCHER RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENWALD, DANIEL		2.2 NAME		
STREET ADDRESS	4503 NW 103 AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOSS, WILLIAM F.		3.2 NAME		
STREET ADDRESS	1240 NW 11TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHEY, STEPHEN		4.2 NAME		
STREET ADDRESS	2700 SW ARCHER RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHEY, LISA R		5.2 NAME		
STREET ADDRESS	2700 S.W. ARCHER RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHEY, SUSAN I.		6.2 NAME		
STREET ADDRESS	2700 SW ARCHER RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STEPHEN SHEY 1/23/97 352-331-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0010814