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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29915** (8)

1. Corporation Name

SHEY CHARITABLE FOUNDATION, INC.

Principal Place of Business

**6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US**

Mailing Address

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

3. Date Incorporated or Qualified

12/28/1988

4. FEI Number

59-2941793

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

**SHEY, STEPHEN
6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607**

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

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE STD ☐ DELETE

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

TITLE D ☐ DELETE

NAME **SHEY, LISA R**
STREET ADDRESS **2700 S.W. ARCHER RD.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **6110 N.W. 1ST PLACE - SUITE A**
1.4 CITY-ST-ZIP **GAINESVILLE, FL. 32607**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D.**
2.3 STREET ADDRESS **SHEY, LAURA B.**
2.4 CITY-ST-ZIP **6110 NW 1ST PLACE - SUITE A**
GAINESVILLE, FL 32607

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D.**
3.3 STREET ADDRESS **SHEY, KARA E.**
3.4 CITY-ST-ZIP **6110 N.W. 1ST PLACE - SUITE A**
GAINESVILLE, FL. 32607

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **6110 N.W. 1ST PLACE - SUITE A**
4.4 CITY-ST-ZIP **GAINESVILLE, FL. 32607**

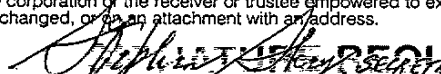
5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **6110 N.W. 1ST PLACE - SUITE A**
5.4 CITY-ST-ZIP **GAINESVILLE, FL. 32607**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **6110 N.W. 1ST PLACE - SUITE A**
6.4 CITY-ST-ZIP **GAINESVILLE, FL 32607**

14. I 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 in an attachment with an address.

SIGNATURE:  **SECRETARY REQUIRED**

1/8/98

352-331-1668

CH2E037 (10/97)