FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # N29915 (8)

1. Corporation Name
SHEY CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
6110 NW 1ST PLACE SUITE A GAINESVILLE FL 32607 US	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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEY, STEPHEN 6110 NW 1ST PLACE SUITE A GAINESVILLE FL 32607	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 _____ 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	6110 N.W. 1ST PLACE - SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 CITY-ST-ZIP	GAINESVILLE, FL. 32607	
TITLE	VD	☐ DELETE	2.1 TITLE	D.	☐ Change ☒ Addition
NAME	GREENWALD, DANIEL		2.2 NAME	SHEY, LAURA B.	
STREET ADDRESS	4503 NW 103 AVE.		2.3 STREET ADDRESS	6110 NW 1ST PLACE-SUITE A	
CITY-ST-ZIP	SUNRISE FL 33351		2.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VD	☐ DELETE	3.1 TITLE	D.	☐ Change ☒ Addition
NAME	KOSS, WILLIAM F.		3.2 NAME	SHEY, KARA E.	
STREET ADDRESS	1240 NW 11TH AVENUE		3.3 STREET ADDRESS	6110 N.W. 1ST PLACE - SUITE A	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	GAINESVILLE, FL. 32607	
TITLE	STD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SHEY, STEPHEN		4.2 NAME		
STREET ADDRESS	2700 SW ARCHER RD.		4.3 STREET ADDRESS	6110 N.W. 1ST PLACE-SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32608		4.4 CITY-ST-ZIP	GAINESVILLE, FL. 32607	
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	6110 N.W. 1ST PLACE-SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32608		5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32607	
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	6110 N.W. 1ST PLACE- SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32608		6.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	

CR2E037 (10/97)

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 on an attachment with an address.

SIGNATURE: Stephen Shey, Secretary **REQUIRED** 1/8/98 352-331-1668
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR OR OFFICER