
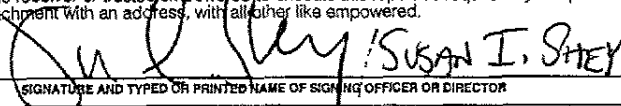


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------------|---|---|--|--|
| DOCUMENT # N29915 1. Entity 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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent SHEY, STEPHEN 6110 NW 1ST PLACE SUITE A GAINESVILLE, FL 32607 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHEY, CAROL A. | | NAME | | |
| STREET ADDRESS | 6110 NW 1ST PLACE - SUITE A | | STREET ADDRESS | | |
| CITY - ST - ZIP | GAINESVILLE, FL 32607 | | CITY - ST - ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GREENWALD, DANIEL | | NAME | | |
| STREET ADDRESS | 4503 NW 103 AVE. | | STREET ADDRESS | | |
| CITY - ST - ZIP | SUNRISE, FL 33351 | | CITY - ST - ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KOSS, WILLIAM F. | | NAME | | |
| STREET ADDRESS | 6110 NW 1ST PLACE - SUITE A | | STREET ADDRESS | | |
| CITY - ST - ZIP | GAINESVILLE, FL 32607 | | CITY - ST - ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHEY, STEPHEN | | NAME | | |
| STREET ADDRESS | 6110 NW 1ST PLACE - SUITE A | | STREET ADDRESS | | |
| CITY - ST - ZIP | GAINESVILLE, FL 32607 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHEY, LISA R | | NAME | | |
| STREET ADDRESS | 6110 NW 1ST PLACE - SUITE A | | STREET ADDRESS | | |
| CITY - ST - ZIP | GAINESVILLE, FL 32607 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHEY, SUSAN I. | | NAME | | |
| STREET ADDRESS | 6110 NW 1ST PLACE - SUITE A | | STREET ADDRESS | | |
| CITY - ST - ZIP | GAINESVILLE, FL 32607 | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  | | | 1/19/05 352-331-1668 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |