

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 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**



01222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2941793**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000797234  
01/23/08-80066-002 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SHEY, CAROL A.  
6110 NW 1ST PLACE - SUITE A  
GAINESVILLE, FL 32607**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
KOSS, WILLIAM F.  
6110 NW 1ST PLACE - SUITE A  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SHEY, STEPHEN  
6110 NW 1ST PLACE-SUITE A  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHEY, KARA  
6110 NW 1 PL, STE A  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHEY, SUSAN I.  
6110 NW 1ST PLACE - SUITE A  
GAINESVILLE, FL 32607**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN SHEY, SECRETARY**

DATE

**1/24/08**

DAYTIME PHONE #

**352-331-1668**