

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29915

FILED
Jan 15, 2009
Secretary of State

Entity Name: SHEY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2941793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEY, CAROL A.,
Address: 6110 NW 1ST PLACE - SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: GREENWALD, DANIEL,
Address: 4503 NW 103 AVE.
City-St-Zip: SUNRISE, FL 33351

Title: VD () Delete
Name: KOSS, WILLIAM F.,
Address: 6110 NW 1ST PLACE - SUTIE A
City-St-Zip: GAINESVILLE, FL 32607

Title: STD () Delete
Name: SHEY, STEPHEN,
Address: 6110 NW 1ST PLACE-SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: SHEY, KARA
Address: 6110 NW 1 PL, STE A
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: SHEY, SUSAN I.,
Address: 6110 NW 1ST PLACE - SUITE A
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARA SHEY

MGR

01/15/2009

Electronic Signature of Signing Officer or Director

Date