2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N33443

Entity Name: FLYNN FOUNDATION, INC.

Current Principal Place of Business:

927 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

C/O FLYNN ENTERPRISES, INC.
676 N. MICHIGAN AVE., STE #4000
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 65-0157559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, DONALD F.
927 HILLSBORO MILE
HILLSBORO BEACH, FL 33062 US

Name and Address of New Registered Agent:

FLYNN, DONALD F
927 HILLSBORO MILE
HILLSBORO BEACH, FL 33062 US

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: DONALD F FLYNN 01/04/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FLYNN, DONALD F	
Address:	927 HILLSBORO MILE	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	FLYNN, BEVERLY L	
Address:	927 HILLSBORO MILE	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	FLYNN, KEVIN F	
Address:	676 N MICHIGAN AVE, STE 4000	
City-St-Zip:	CHICAGO, IL 60611	
Title:	S	( ) Delete
Name:	SPERANDEO, YVONNE	
Address:	202 N JACKSON	
City-St-Zip:	CLARENDON HILLS, IL 60514	
Title:	VT	( ) Delete
Name:	SKIBICKI, KEITH	
Address:	511 N GRANT	
City-St-Zip:	HINSDALE, IL 60521	
Title:	AT	( ) Delete
Name:	CONFORTI, AUDRA M	
Address:	15 E SANDSTONE CT	
City-St-Zip:	SOUTH ELGIN, IL 60177	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FLYNN, KEVIN F	
Address:	676 N MICHIGAN AVE STE 4000	
City-St-Zip:	CHICAGO, IL 60611	
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 for the exemption stated in Section 119.07(3)(i), 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: AUDRA M. CONFORTI AT 01/04/2005
Electronic Signature of Signing Officer or Director Date