2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2004
Secretary of State

DOCUMENT# N95000005140

Entity Name: THE WILEEN T. COYNE FOUNDATION, INC.

Current Principal Place of Business:

2151 N.W. 60TH CIRCLE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

2151 N.W. 60TH CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0616576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COYNE, WILEEN T
2151 N.W. 60TH CIRCLE
BOCA RATON, FL 33496 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: D ( ) Delete
Name: GRANOFF, LOREN S
Address: 701 SOUTHWEST 27TH AVENUE STE. 810
City-St-Zip: MIAMI, FL 331351988

Title: D ( ) Delete
Name: COYNE, WILEEN T.
Address: 2151 N.W. 60TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: COYNE, RUSSELL G.
Address: 2511 NE 51ST ST.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete
Name: COYNE, MELISSA A
Address: 7241 N.W. 64TH TERRACE
City-St-Zip: PARKLAND, FL 33067

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:

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: LOREN S. GRANOFF D 02/29/2004

Electronic Signature of Signing Officer or Director — Date