

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000005140

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



Principal Place of Business  
2151 N.W. 60TH CIRCLE  
BOCA RATON, FL 33496

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



07052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0616576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRANOFF, LOREN S
STREET ADDRESS	701 SOUTHWEST 27TH AVENUE STE. 810
CITY - ST - ZIP	MIAMI, FL 331351988

TITLE	D
NAME	COYNE, WILEEN T.
STREET ADDRESS	2151 N.W. 60TH CIRCLE
CITY - ST - ZIP	BOCA RATON, FL 33496

TITLE	D
NAME	COYNE, RUSSELL G.
STREET ADDRESS	2511 NE 51ST ST.
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064

TITLE	D
NAME	COYNE, MELISSA A
STREET ADDRESS	7241 N.W. 64TH TERRACE
CITY - ST - ZIP	PARKLAND, FL 33067

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Wileen T. Coyne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-05 561 995 9154