

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005140

FILED
Apr 29, 2009
Secretary of State

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: 3449 NW 44 ST
City-St-Zip: FT LAUDERDALE, FL 33309

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 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: MELISSA ANN COYNE

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date