

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002344

FILED
Jan 10, 2005
Secretary of State

Entity Name: THE SHYNE FOUNDATION, INC.

Current Principal Place of Business:

19922 EGRET LANE
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

19922 EGRET LANE
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0836199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBERT L
19922 EGRET LANE
LOXAHATCHEE, FL 33470 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: JOHNSON, ROBERT L
Address: 19922 EGRET LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: JOHNSON, MARY M
Address: 19922 EGRET LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: MCFADDEN, LINDA
Address: 19922 EGRET LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: HOLZMAN, DAVID
Address: 19922 EGRET LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: BREA, SABRA
Address: 19922 EGRET LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: MOUSTAKI, NIKKI
Address: 19922 EGRET LANE
City-St-Zip: LOXAHATCHEE, FL 33470

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 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: ROBERT L. JOHNSON

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date