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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002656

1. Corporation Name

THE BOYNTON FAMILY FOUNDATION, INC.

Principal Place of Business

4620 RUE BAYOU
SANIBEL FL 33959

Mailing Address

4620 RUE BAYOU
SANIBEL FL 33959



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/08/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0835766
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24 33957	25	29 33957 30

9. Name and Address of Current Registered Agent

BOYNTON, LYNN W
4620 RUE BAYOU
SANIBEL FL 33959 → 33957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNTON, LYNN W	1.2 NAME	
STREET ADDRESS	4620 RUE BAYOU	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33959	1.4 CITY-ST-ZIP	33957
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNTON, JACQUELINE D	2.2 NAME	
STREET ADDRESS	4620 RUE BAYOU	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33959	2.4 CITY-ST-ZIP	33957
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNTON, MELBOURNE D	3.2 NAME	
STREET ADDRESS	R.R. 1 BOX 4389	3.3 STREET ADDRESS	RR. 1 BOX 4401
CITY-ST-ZIP	RUTLAND OH 05701	3.4 CITY-ST-ZIP	RUTLAND VT 05701
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, REBECCA B	4.2 NAME	
STREET ADDRESS	10207 WILDBRACKEN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNTON, JENNIFER D	5.2 NAME	
STREET ADDRESS	1106 SEWARD STREET 1-W	5.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL 60202	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNTON, CHARLES D	6.2 NAME	
STREET ADDRESS	3407 N. BOSWORTH	6.3 STREET ADDRESS	40 CANNES CT
CITY-ST-ZIP	CHICAGO IL 60613	6.4 CITY-ST-ZIP	DANVILLE CA 92506

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (11/98)