

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002656**

1. Entity Name  
**THE BOYNTON FAMILY FOUNDATION, INC.**



Principal Place of Business  
**4620 RUE BAYOU  
SANIBEL, FL 33957**

Mailing Address  
**4620 RUE BAYOU  
SANIBEL, FL 33957**



02092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0835766**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BOYNTON, LYNN W  
4620 RUE BAYOU  
SANIBEL, FL 33957**

**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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BOYNTON, LYNN W
STREET ADDRESS	4620 RUE BAYOU
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	STD
NAME	BOYNTON, JACQUELINE D
STREET ADDRESS	4620 RUE BAYOU
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VD
NAME	BOYNTON, MELBOURNE D
STREET ADDRESS	RR1 BOX 4401
CITY-ST-ZIP	RUTLAND, VT 05701
TITLE	VD
NAME	MONTGOMERY, REBECCA B
STREET ADDRESS	10207 WILDBRACKEN COURT
CITY-ST-ZIP	CHARLOTTE, NC 28210
TITLE	VD
NAME	BOYNTON, JENNIFER D
STREET ADDRESS	1750 W 30TH STREET
CITY-ST-ZIP	AUSTIN, TX 78703
TITLE	VD
NAME	BOYNTON, CHARLES D
STREET ADDRESS	1445 ARBOR LANE
CITY-ST-ZIP	ALAMO, CA 94507

U000000045912  
02/11/04-80081-019 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**2/9/04 2393951443**