2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002656

1. Entity Name
THE BOYNTON FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
4620 RUE BAYOU SANIBEL, FL 33957	4620 RUE BAYOU SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

04082006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	126 BEACON HILL PL.
CITY-ST-ZIP	LYNCHBURG, VA 24503
TITLE	VD
NAME	BOYNTON, JENNIFER D
STREET ADDRESS	6534 TASSAJILLO TRAIL
CITY-ST-ZIP	AUSTIN, TX 78739
TITLE	VD
NAME	BOYNTON, CHARLES D
STREET ADDRESS	1603 CORTE VIA
CITY-ST-ZIP	LOS ALTOS, CA 94024

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04/26/06-80116-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR