

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002656

FILED
Apr 01, 2008
Secretary of State

Entity Name: THE BOYNTON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4620 RUE BAYOU
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

4620 RUE BAYOU
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0835766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYNTON, LYNN W
4620 RUE BAYOU
SANIBEL, FL 33957 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: BOYNTON, LYNN W
Address: 4620 RUE BAYOU
City-St-Zip: SANIBEL, FL 33957

Title: STD () Delete
Name: BOYNTON, JACQUELINE D
Address: 4620 RUE BAYOU
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: BOYNTON, MELBOURNE D
Address: 90 BRIARWOOD LANE
City-St-Zip: RUTLAND, VT 05701

Title: VD () Delete
Name: MONTGOMERY, REBECCA B
Address: 126 BEACON HILL PL.
City-St-Zip: LYNCHBURG, VA 24503

Title: VD () Delete
Name: BOYNTON, JENNIFER D
Address: 6534 TASSAJILLO TRAIL
City-St-Zip: AUSTIN, TX 78739

Title: VD () Delete
Name: BOYNTON, CHARLES D
Address: 1603 CORTE VIA
City-St-Zip: LOS ALTOS, CA 94024

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: VD (X) Change () Addition
Name: BOYNTON, CHARLES D
Address: 1598 FRONTERO DRIVE
City-St-Zip: LOS ALTOS, CA 94024

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: JACQUELINE D BOYNTON

STD

04/01/2008

Electronic Signature of Signing Officer or Director

Date