## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## DOCUMENT # N99000006945 2007 MAR 20 PK 12: 51 BOYLE FAMILY FOUNDATION, INC. SECRETAIN FOR STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7 N. PINE CIR. 100 NORTH TAMPA STREET BELLEAIR, FL 33756 **SUITE 4100** TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E037 (12/06) Cha-NP 4. FEI Number 59-3669254 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 Zip Code FL 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 little if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PSD TITLE Delete TITLE ☐ Change ★☐ Addition D Ann Boyle Calve BOYLE, JOHN G NAME NAME 7 N. Pine Cir. STREET ADDRESS 211 NORTH BROADWAY, SUITE 3600 STREET ADDRESS Belleair, FL 33756 ST. LOUIS, MO 63102 CiTY - \$1 - ZIP CHTY - ST- ZIP TITLE XX Delete TITLE ☐ Change **X**Addition Ellen Boyle Bay BOYLE, JOHN W NAME NAME 7 N. Pine Cir. STREET ADDRESS 7 N. PINE CIR. STREET ADDRESS Belleair, FL 33756 BELLEAIR, FL 33756 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **XX**Addition O Susan Boyle Derdeyn BOYLE, JAMES P NAME NAME 7 N. Pine Cir. STREET ADDRESS 7 N. PINE CIR. STREET ADDRESS Belleair, FL 33756 CITY-ST-ZIP BELLEAIR, FL 33756 CITY-ST-ZIP TITLE 1111 F Delete ☐ Change X X Addition O Robert T. Boyle NAME 7 N. Pine Cir. STREET ADDRESS STREET ADDRESS Belleair, FL 33756. CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE ☐ Addition THLE NAME NAME 100095890101 STREET ADDRESS STREET ADDRESS 04/05/07--01033--016 \*\*61.25 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

314-259-2165

8-11-07