


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State


DOCUMENT # N99000007527

1. Entity Name
 SHAW FAMILY FOUNDATION, INC.



Principal Place of Business 750 WHITE POND DR AKRON, OH 44320	Mailing Address 750 WHITE POND DR AKRON, OH 44320
---	---

DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0986251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULZBERGER, ERIC W
 1090 KANE CONCOURSE STE. 201
 BAY HARBOR, FL 33154

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 _____ 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, JERRY 4740 S, OCEAN BLVD #1616 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, PATSY L 4740 S, OCEAN BLVD #1616 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, DEBORAH L 24 8TH STREET N.E. WASHINGTON, DC 20002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, GRETA C/O 750 WHITE POND DR AKRON, OH 44320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISE, MICHAEL C/O 750 WHITE POND DR AKRON, OH 44320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000251650
 03/04/05-80059-021 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: *Greta Foster, Secretary* **2/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #