

**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



02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0986251

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000251650
03/04/05-80059-021 61.25

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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 #