


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0986251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SULZBERGER, ERIC W 1090 KANE CONCOURSE STE. 201 BAY HARBOR, FL 33154
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2006**

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

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01/30/06-80005-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 1/5/06	Daytime Phone: 330-835-0004
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