

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4:29

**DOCUMENT # N15633 (3)**

1. Corporation Name

**THE HANLEY FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

713 SW THORNHILL LN  
PIPERS LANDING  
PALM CITY FL 34990-3972

713 SW THORNHILL LN  
PIPERS LANDING  
PALM CITY FL 34990-3972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2745187

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANLEY, JOHN W.  
713 SW THORNHILL LN  
PIPERS LANDING  
PALM CITY FL 33490

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HANLEY, JOHN W.
STREET ADDRESS	713 SW THORNHILL LANE
CITY-ST-ZIP	PALM CITY FL
TITLE	DV
NAME	HANLEY, MARY JANE
STREET ADDRESS	713 SW THORNHILL LANE
CITY-ST-ZIP	PALM CITY FL
TITLE	DV
NAME	MYERS, SUSAN H
STREET ADDRESS	616 VALLEY TRACE CT
CITY-ST-ZIP	NASHVILLE TN
TITLE	DST
NAME	HANLEY, JOHN W.JR.
STREET ADDRESS	13281 MANZANITA ROAD
CITY-ST-ZIP	BAINBRIDGE ISL. WA
TITLE	D
NAME	TIEMAN, DOUGLAS
STREET ADDRESS	15245 PLEASANT VALLEY RD
CITY-ST-ZIP	CENTER CITY MN
TITLE	D
NAME	HANLEY, MICHAEL JAMES
STREET ADDRESS	1350 LITTLE HARBOR DRIVE
CITY-ST-ZIP	VERO BEACH FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Hanley, Jr.* JOHN W. HANLEY, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95 206 447 0920  
DATE (Type in Month)