2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N95000000298

Entity Name: THE MCINTYRE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

ONE DITEK CENTER
1720 STARKEY ROAD
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

ONE DITEK CENTER
1720 STARKEY ROAD
LARGO, FL 33771 US

New Mailing Address:

FEI Number: 59-3322336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFEIFFER, CYNTHIA J
1485 PRESCOTT AVE S
CLEARWATER, FL 34616 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: MCINTYRE, JOANNE
Address: 286 BELLEVIEW BLVD.
City-St-Zip: BELLEAIR, FL 33756

Title: DS ( ) Delete
Name: LOSTRAGLIO, MELISSA M
Address: 8337 WRENS WAY
City-St-Zip: LARGO, FL 33773

Title: DT ( ) Delete
Name: RAMIREZ, WENDY L
Address: 9293 121ST ST
City-St-Zip: SEMINOLE, FL 33772

Title: DP ( ) Delete
Name: MCINTYRE, ROBERT D
Address: 286 BELLEVIEW BLVD.
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY RAMIREZ T 04/09/2009

Electronic Signature of Signing Officer or Director — Date