


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90015 019 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N46653</b>                           |  |
| 1. Entity Name<br><b>MCINTYRE FOUNDATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2929 UNIVERSITY DRIVE<br/>SUITE 204<br/>CORAL SPRINGS FL 33065<br/>US</b> | Mailing Address<br><b>2929 UNIVERSITY DRIVE<br/>SUITE 204<br/>CORAL SPRINGS FL 33065<br/>US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0308008</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



MOORE CR2E037 (11/03)

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>DALE, CHARLES S., JR.<br/>414 NW 4TH STREET<br/>FORT LAUDERDALE FL 33301</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Linda McIntyre</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5514 Old Ocean Blvd</b><br>City <b>Ocean Ridge</b> FL Zip Code <b>33435</b> |  |
|--|--|---|--|

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 Linda McIntyre DATE 3/24/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|--|--|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CUCCI, LINDA</b><br><b>7620 MARBLEHEAD COURT</b><br><b>PARKLAND FL 33067</b><br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Chairperson</b><br><b>Parks, Marlene</b><br><b>3100 NW 108 Drive</b><br><b>Coral Springs, Florida 33065</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RAULINS, DEE</b><br><b>11696 NW 19TH DR.</b><br><b>CORAL SPRINGS FL 33071</b><br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MCCINTYRE, MARGARET</b><br><b>5514 OLD OCEAN BLVD</b><br><b>OCEAN RIDGE FL 33435</b><br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CHARLES E. MCINTYRE</b><br><b>5514 OLD OCEAN BLVD</b><br><b>OCEAN RIDGE FL 33435</b><br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BROWN, LINDA</b><br><b>1875 EAGLE TRACE BLVD</b><br><b>CORAL SPRINGS FL 33071</b><br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HAKEMIAN, CAROL</b><br><b>3682 NW 24 TERRACE</b><br><b>BOCA RATON FL 33431</b><br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda McIntyre DATE 3/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR