

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46653

FILED
Jan 26, 2005
Secretary of State

Entity Name: MCINTYRE FOUNDATION, INC.

Current Principal Place of Business:

2929 UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

2929 UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0308008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, LINDA
5514 OLD OCEAN BLVD.
OCEAN RIDGE, FL 33435 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: C () Delete
Name: PARKS, MARLENE
Address: 3100 NW 108 DR.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: RAULINS, DEE
Address: 11696 NW 19TH DR.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: MCCNTYRE, MARGARET
Address: 5514 OLD OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D () Delete
Name: CHARLES E. MCINTYRE,
Address: 5514 OLD OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D () Delete
Name: BROWN, LINDA
Address: 1875 EAGLE TRACE BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: HAKEMIAN, CAROL,
Address: 3682 NW 24 TERRACE
City-St-Zip: BOCA RATON, FL 33431

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:

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 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 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: LINDA W. MCINTYRE

DIRE

01/26/2005

Electronic Signature of Signing Officer or Director

Date