2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46653

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

OCEAN RIDGE, FL 33435

1875 EAGLE TRACE BLVD

CORAL SPRINGS, FL 33071

BROWN, LINDA

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(X) Delete

FILED Apr 15, 2009 Secretary of State

Entity Name: MCINTYRE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2 NE 5TH AVE DELRAY BEACH, FL 33483 US **Current Mailing Address: New Mailing Address:** 2 NE 5TH AVE DELRAY BEACH, FL 33483 US FEI Number: 65-0308008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCINTYRE, LINDA 5514 OLD ÓCEAN BLVD. OCEAN RIDGE, FL 33435 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PARKS, MARLENE WARSHAW, AMANDA Name: Name: 3100 NW 108 DR. Address: 28 HANCOCK ROAD Address: HINGHAM, MA 02043 City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCINTYRE, LINDA Name: MCINTYRE, LINDA Name: Address: 5514 OLD OCEAN BLVD Address: 5514 OLD OCEAN BLVD City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: OCEAN RIDGE, FL 33435 Title: () Delete Title: () Change () Addition CHARLES E. MCINTYRE Name: Name: 5514 OLD OCEAN BLVD Address: Address:

Name:HAKEMIAN, CAROLName:Address:3682 NW 24 TERRACEAddress:City-St-Zip:BOCA RATON, FL 33431City-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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA MCINTYRE PRES 04/15/2009

(X) Change () Addition

() Change () Addition

KURTZ, MARGARET

114 SE 15TH AVENUE

FT. LAUDERDALE, FL 33301