

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004660

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** QUINN FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

742 FAIROAKS LN.  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 941539  
MAITLAND, FL 327941539 US

**New Mailing Address:**

**FEI Number:** 59-3207710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUINN, JOHN H  
742 FAIROAKS LN.  
MAITLAND, FL 32751 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:** DP  
**Name:** QUINN, JOHN H  
**Address:** 742 FAIROAKS LN.  
**City-St-Zip:** MAITLAND, FL 32751

**Title:** D  
**Name:** MCFETRIDGE, HALLIE Q  
**Address:** 2282 NW 25TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** D  
**Name:** QUINN, JOHN H JR  
**Address:** 930 ALTADEMA AVE  
**City-St-Zip:** FIRCREST, WA 98466

**Title:** D  
**Name:** QUINN, BROOKS C  
**Address:** 24 HERITAGE ROAD  
**City-St-Zip:** HILTON HEAD ISLAND, SC 29928

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN H. QUINN

PRES

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date