

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004660

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2282 NW 25TH STREET  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

2282 NW 25TH STREET  
GAINESVILLE, FL 32605

**New Mailing Address:**

2282 NW 25TH STREET  
GAINESVILLE, FL 32605 US

**FEI Number:** 59-3207710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCFETRIDGE, HALLIE Q  
2282 NW 25TH STREET  
GAINESVILLE, FL 32605 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, BROOKS Q  
**Address:** 24 HERITAGE ROAD  
**City-St-Zip:** HILTON HEAD ISLAND, SC 29928 US

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

**Title:** D  
**Name:** QUINN, JOHN H JR  
**Address:** 6824 19TH STEET W #328  
**City-St-Zip:** UNIVERSITY PLACE, WA 98466 US

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:** HALLIE Q. MCFETRIDGE

DST

01/06/2012

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

\_\_\_\_\_  
Date