

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006841	
1. Entity Name THE DARRAGH FAMILY FOUNDATION, INC.	

Principal Place of Business 425 WEBBS COVE OSPREY, FL 34229	Mailing Address 425 WEBBS COVE OSPREY, FL 34229
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0879191	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARRAGH, RICHARD T
425 WEBBS COVE
OSPREY, FL 34229

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DARRAGH, MILDRED E 425 WEBBS COVE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DARRAGH, RICHARD T 425 WEBBS COVE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARRAGH, GORDON M 635 COTANCHE ST., APT. 714 GREENVILLE, NC 27858
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRCK, DEBORAH A 8381 CROSSPOINTE DRIVE CINCINNATI, OH 45255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARRAGH, DAVID T 1303 ARABELLA STREET NEW ORLEANS, LA 70115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAAS, THERESA 1820 MAIN ST GOSHEN, OH 45122

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05/06/05-80043-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard T Darragh 5/4/05 (941) 918-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #