2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90454 049 ****61.25

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1. Entity Name
THE DARRAGH FAMILY FOUNDATION, INC.

50015376

Principal Place of Business	Mailing Address
425 WEBBS COVE OSPREY, FL 34229	425 WEBBS COVE OSPREY, FL 34229

02222006 No Chg-NP CR2E037 (11/05)

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DARRAGH, MILDRED E
STREET ADDRESS	425 WEBBS COVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VD
NAME	DARRAGH, RICHARD T
STREET ADDRESS	425 WEBBS COVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	DARRAGH, GORDON M
STREET ADDRESS	~~635 GOTANGHE ST., APT. 714~~ 229 Orton Dr.
CITY-ST-ZIP	GREENVILLE, NC ~~27858~~ 27858
TITLE	D
NAME	BIRCK, DEBORAH A
STREET ADDRESS	8381 CROSSPOINTE DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45255
TITLE	D
NAME	DARRAGH, DAVID T
STREET ADDRESS	~~1303 ARABELLA STREET~~ 1113 Soniat St.
CITY-ST-ZIP	NEW ORLEANS, LA ~~70115~~ 70115
TITLE	D
NAME	HAAS, THERESA
STREET ADDRESS	1820 MAIN ST
CITY-ST-ZIP	GOSHEN, OH 45122

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #