

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
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



02242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	VPTD
NAME	DARRAGH, RICHARD T
STREET ADDRESS	425 WEBBS COVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	DARRAGH, GORDON M
STREET ADDRESS	229 ORTON DR
CITY-ST-ZIP	GREENVILLE, NC 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	1113 SONIAT ST
CITY-ST-ZIP	NEW ORLEANS, LA 70115
TITLE	D
NAME	HAAS, THERESA
STREET ADDRESS	1820 MAIN ST
CITY-ST-ZIP	GOSHEN, OH 45122

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IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/08

941-918-8146