2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N98000006841

Entity Name: THE DARRAGH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

425 WEBBS COVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

425 WEBBS COVE
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-0879191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARRAGH, RICHARD T
425 WEBBS COVE
OSPREY, FL 34229 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:	PD	( ) Delete
Name:	DARRAGH, MILDRED E	
Address:	425 WEBBS COVE	
City-St-Zip:	OSPREY, FL 34229	
Title:	VPTD	( ) Delete
Name:	DARRAGH, RICHARD T	
Address:	425 WEBBS COVE	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	DARRAGH, GORDON M	
Address:	229 ORTON DR	
City-St-Zip:	GREENVILLE, NC 27858	
Title:	D	( ) Delete
Name:	BIRCK, DEBORAH A	
Address:	8381 CROSSPOINTE DRIVE	
City-St-Zip:	CINCINNATI, OH 45255	
Title:	D	( ) Delete
Name:	DARRAGH, DAVID T	
Address:	1113 SONIAT ST	
City-St-Zip:	NEW ORLEANS, LA 70115	
Title:	D	( ) Delete
Name:	HAAS, THERESA	
Address:	1820 MAIN ST	
City-St-Zip:	GOSHEN, OH 45122	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD DARRAGH PD 02/17/2009

Electronic Signature of Signing Officer or Director — Date