

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007161

1. Corporation Name

THE IRWIN FOUNDATION, INC.

Principal Place of Business

C/O 5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

Mailing Address

C/O 5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -5 PM 3:20



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/18/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0910636	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CROWN, HOWARD L C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A. 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

8/1/89

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, JAMES B	1.2 NAME	
STREET ADDRESS	25188 MARION AVE., VILLA 22-24	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, LINDA S	2.2 NAME	
STREET ADDRESS	25188 MARION AVE., VILLA 22-24	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFERTY, ROSE MARIE	3.2 NAME	
STREET ADDRESS	4552 MELBOURNE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'TOOLE, KATHLEEN MARIE	4.2 NAME	
STREET ADDRESS	4530 MELBOURNE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH IRWIN, MARY	5.2 NAME	
STREET ADDRESS	31 SMITH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN COVE NY 11542	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, HARRY	6.2 NAME	
STREET ADDRESS	4520 NOLLWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B IRWIN

Date

15 Sept 1999

Daytime Phone #

941 639 6677

CR2E037 (5/99)