

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007161

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE IRWIN FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0910636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWN, HOWARD L
C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108 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: D () Delete
Name: IRWIN, JAMES B
Address: 25188 MARION AVE., VILLA 22
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: IRWIN, STACEY
Address: 4546 MELBOURNE ST.
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D () Delete
Name: IRWIN, ROSARIA
Address: BOX 491515
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: D () Delete
Name: MARIE MCCAFFERTY, ROSE
Address: BOX 510284
City-St-Zip: PUNTA GORDA, FL 33951

Title: D () Delete
Name: MARIE O'TOOLE, KATHLEEN
Address: BOX 512220
City-St-Zip: PUNTA GORDA, FL 33951

Title: D () Delete
Name: IRWIN, MARY ELIZABETH
Address: BOX 495151
City-St-Zip: PORT CHARLOTTE, FL 33949

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: D (X) Change () Addition
Name: MCCAFFERTY, ROSE M
Address: BOX 510284
City-St-Zip: PUNTA GORDA, FL 33951

Title: D (X) Change () Addition
Name: O'TOOLE, KATHLEEN M
Address: BOX 512220
City-St-Zip: PUNTA GORDA, FL 33951

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: KATHLEEN M O'TOOLE

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date