2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N98000007248

Entity Name: THE KERRIGAN FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

421 TANGLEWOOD DRIVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

P O BOX 30402
PENSACOLA, FL 325031402

New Mailing Address:

FEI Number: 59-3547463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERRIGAN, ROBERT G
421 TANGLEWOOD DRIVE
PENSACOLA, FL 32503 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:	DPT	( ) Delete
Name:	KERRIGAN, ROBERT G	
Address:	421 TANGLEWOOD DRIVE	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	DVS	( ) Delete
Name:	KERRIGAN, SHARON S	
Address:	421 TANGLEWOOD DRIVE	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	KERRIGAN, SHARON LENORE	
Address:	5640 TECUMSEH	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	HUTCHINSON, KELLY K	
Address:	4005 BOBBIN BROOK CIR	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	SCOTT, DARBY KERRIGAN	
Address:	415 ST FRANCIS ST 129	
City-St-Zip:	TALLAHASSEE, FL 32301	

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:	

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: SHARON S. KERRIGAN DVS 01/07/2009

Electronic Signature of Signing Officer or Director — Date