

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004027

**Entity Name:** IREN PIVARCSI CHARITABLE TRUST, INC.

**Current Principal Place of Business:**

15334 WOODCREST RD  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

15334 WOODCREST RD  
SUITE 116  
BROOKSVILLE, FL 34604 US

**FEI Number:** 90-0931753

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPRAGUE, PATRICK F  
1419 W. WATERS AVE.  
SUITE 116  
TAMPA, FL 33604 US

*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

**Officer/Director Detail :**

Title PD  
Name PIVARCSI, JOHN  
Address 15334 WOODCREST RD  
City-State-Zip: BROOKSVILLE FL 34604

Title STD  
Name GUGLIELMINO, IRENE  
Address 4 EAGLE LANE  
City-State-Zip: SIMSBURY CT 06070

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN PIVARCSI

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02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date