

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46653

Entity Name: MCINTYRE FOUNDATION, INC.**Current Principal Place of Business:**2 NE 5TH AVE
DELRAY BEACH, FL 33483**Current Mailing Address:**2 NE 5TH AVE.
DELRAY BEACH, FL 33483 US**FEI Number:** 65-0308008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCINTYRE, LINDA
5514 OLD OCEAN BLVD.
OCEAN RIDGE, FL 33435 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	D
Name	WARSHAW, AMANDA
Address	28 HANCOCK ROAD
City-State-Zip:	HINGHAM MA 02043

Title	C
Name	MCINTYRE, LINDA
Address	5514 OLD OCEAN BLVD
City-State-Zip:	OCEAN RIDGE FL 33435

Title	DIRECTOR
Name	LINDA, MCINTYRE TYRE ESQ
Address	5514 OLD OCEAN BLVD
City-State-Zip:	OCEAN RIDGE FL 33435

Title	D
Name	KURTZ, MARGARET
Address	114 SE 15TH AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	PRESIDENT
Name	MARGARET KURTZ
Address	2 NE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

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: LINDA MCINTYRE**DIRECTOR****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date