

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007161

**Entity Name:** THE IRWIN FOUNDATION, INC.

**Current Principal Place of Business:**

% MCCRORY LAW FIRM  
309 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

% MCCRORY LAW FIRM  
309 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 US

**FEI Number:** 65-0910636

**Certificate of Status Desired:** No

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

MCCRORY, A. JILL C.  
309 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 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 DP  
Name MCCAFFERTY, ROSE M  
Address BOX 510284  
City-State-Zip: PUNTA GORDA FL 33951

Title D  
Name IRWIN, ROSARIA  
Address BOX 491515  
City-State-Zip: PORT CHARLOTTE FL 33949

Title DVP  
Name IRWIN ROWLEY, MARY ELIZABETH  
Address BOX 495151  
City-State-Zip: PORT CHARLOTTE FL 33949

Title D  
Name IRWIN, STACY  
Address 4546 MELBOURNE ST.  
City-State-Zip: CHARLOTTE HARBOR FL 33980

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:** ROSE M. MCCAFFERTY

**DIRECTOR**

**04/14/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date