

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002501

FILED
May 01, 2009
Secretary of State

Entity Name: IRISH AMERICAN CLUB OF LEE COUNTY, INC.

Current Principal Place of Business:

4830 LAUREL LANE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

4830 LAUREL LANE
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1097848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RODGERS, JIMMY
4830 LAUREL LANE
FORT MYERS, FL 33908 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: T () Delete
Name: RODGERS, JIMMY
Address: 4830 LAUREL LANE
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: GRIFFIN, LAURA
Address: 1905 NE 3RD CT
City-St-Zip: CAPE CORAL, FL 33909

Title: T () Delete
Name: BRADY, CATHERINE
Address: 145 LAKESIDE CIR.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T () Delete
Name: SMITH, JIM
Address: 1333 SE 40TH TERRACE 2-G
City-St-Zip: CAPE CORAL, FL

Title: S () Delete
Name: MAAS, MARIE
Address: 8401 ESTERO BLVD. #506
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: P () Delete
Name: GILMORE, BEVERLY
Address: 16731 JUANITA AVE
City-St-Zip: FORT MYERS, FL 33908

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
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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: JIMMY RODGERS

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05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date