



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000003055	
1. Entity Name SOUTH FLORIDA IRISH STUDIES CONSORTIUM, INC.	

Principal Place of Business C/O JAMES E. DOAN 3301 COLLEGE AVE. FORT LAUDERDALE, FL 33314	Mailing Address C/O JAMES E. DOAN 3301 COLLEGE AVE. FORT LAUDERDALE, FL 33314
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DO NOT WRITE IN THIS SPACE

	
01052005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0840602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent	
DOAN, JAMES DIV. HUMANITIES/NOVA SOUTHEASTERN UNIV 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314	

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOAN, JAMES E 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MARIE 12015 GRIFFING BLVD BISCAYNE PARK, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARGEANT, DAVID 9715 SW 59TH ST COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/12/05-80046-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>James Doan</u> JAMES DOAN	Date <u>Jan. 7, 2005</u>	Daytime Phone # <u>954-262-8207</u>
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