


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

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| DOCUMENT # N98000003055 1. Entity Name SOUTH FLORIDA IRISH STUDIES CONSORTIUM, INC. |  |
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| 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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04152008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0840602 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

0000030530
05/01/08-80008-015 61.25

| 10. OFFICERS AND DIRECTORS | |
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| 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 KILROY, DAVID 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314 |
| 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/15/08** **954-262-8207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #