

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 045 ****61.25

DOCUMENT # 730145

1. Entity Name

THE IRISH-AMERICAN CEILI CLUB, INC.



Principal Place of Business

521 N.W. 93RD TERR
PEMBROKE PINES FL 33024
US

Mailing Address

1809 POLK ST.
PO BOX 220315
HOLLYWOOD FL 33022
US

2. Principal Place of Business

3. Mailing Address

1801 POLK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box-220315

City & State

City & State
Hollywood, FL.

Zip

Country

Zip
33022-0315

Country

U.S.A.

4. FEI Number

23-7369641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARBERRY, MAUREEN
521 N.W. 93RD TERR
PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME O'DEA, PATRICK
STREET ADDRESS 1777 S.E. 15 STREET APT-402
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VP ☐ Delete
NAME CARBERRY, MAUREEN
STREET ADDRESS 521 N.W. 93 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE T ☐ Delete
NAME SULLIVAN, DOROTHY
STREET ADDRESS 1007 N 19 AVE (#19)
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☐ Delete
NAME TERMINELLO, MARY
STREET ADDRESS 1060 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☐ Delete
NAME JOYCE, MARY
STREET ADDRESS 1622 PLUNKETT ST.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☒ Delete
NAME FLINN, MARY JO
STREET ADDRESS 2764 N.E. 34 ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33306

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **SULLIVAN DOROTHY**
CITY-ST-ZIP **APT-9**
HOLLYWOOD, FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **ANN CARRIGAN**
CITY-ST-ZIP **3821 NW 91 TERRACE**
SUNRISE, FL 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04 954-920-4583
Date Daytime Phone #