FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **733614** **(2)**

1. Corporation Name
ANCIENT ORDER OF HIBERNIANS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
721 SOUTHWEST 6TH TERR HALLANDALE FL 33009	721 SOUTHWEST 6TH TERR HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1975
3a. Date of Last Report: 04/26/1994
4. FEI Number: 12-3763395 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MCGREADY, EDWARD
721 SOUTHWEST 6TH TERR
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Edward Mc Cready
82 Street Address (P.O. Box Number is Not Acceptable): 721 Southwest 6 Terr
83: Hallandale
84 City: FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Edward Mc Cready 4-27-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE: TD	☐ Change ☐ Addition
NAME	MCCREADY, EDWARD	12 NAME	Mc Cready Edward
STREET ADDRESS	721 SW 6TH TERR.	13 STREET ADDRESS	721 SW 6 Terr.
CITY ST ZIP	HALLANDALE FL	14 CITY ST ZIP	Hallandale FL 33009
TITLE	VPD	21 TITLE: VPD	☑ Change ☐ Addition
NAME	MCANDREW, MARTIN	22 NAME	Nolan Rory
STREET ADDRESS	13380 NW 7TH ST	23 STREET ADDRESS	5490 SW. 55 Avenue
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	Davie FL 33314
TITLE	S	31 TITLE: S	☐ Change ☐ Addition
NAME	FORTUNE, DONALD	32 NAME	Fortune Donald
STREET ADDRESS	2320 N.W. 84TH TERR.	33 STREET ADDRESS	2320 N.W. 84 Terr
CITY ST ZIP	PEMBROKE PINES FL	34 CITY ST ZIP	Pembroke Pines FL 33024
TITLE	SD	41 TITLE: S.D	☐ Change ☐ Addition
NAME	LAWLESS, JAMES	42 NAME	James Lawless
STREET ADDRESS	3113 SW 23RD TERR	43 STREET ADDRESS	3113 SW. 23rd Terr.
CITY ST ZIP	PEMBROKE PARK FL	44 CITY ST ZIP	Pem Broke Park FL 33009
TITLE		51 TITLE:	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE:	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Mc Cready Edward McCready 4-27-95 305-456-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037242