

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 08/19/1975 3a. Date of Last Report 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 521 N.W. 93rd Terr 26 521 N.W. 93rd Terr
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 PEMBROKE PINES, FL PEMBROKE PINES FL
Zip 33024 Country USA Zip 33024 Country U.S.A
24 25 29 30

MCCREADY, EDWARD
721 SOUTHWEST 6TH TERR
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name ROBERT C. CARBERRY
82 Street Address (P.O. Box Number is Not Acceptable) 521 NW 93 TERR
83
84 PEMBROKE PINES FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 3/06/96
NOTE: Registered Agent signature required when constituting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREADY, EDWARD	1.2 NAME	
STREET ADDRESS	721 SW 6TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RORY, NOLAN	2.2 NAME	
STREET ADDRESS	5490 S.W. 55TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNE, DONALD	3.2 NAME	
STREET ADDRESS	2320 N.W. 84TH TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLESS, JAMES	4.2 NAME	PD LAWLESS JAMES
STREET ADDRESS	3113 SW 23RD TERR	4.3 STREET ADDRESS	3113 S.W. 23rd Terrace
CITY-ST-ZIP	PEMBROKE PARK FL	4.4 CITY-ST-ZIP	PEMBROKE PARK FL 33009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *James A Lawless* Date: March 8, 305-987-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)