


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT • 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733614** (2)
Corporation Name
ANCIENT ORDER OF HIBERNIANS OF FLORIDA, INC.



Principal Place of Business		Mailing Address	
521 NW 83RD TERRACE PEMBROKE PINES FL 33024 US		521 NW 83RD TERRACE PEMBROKE PINES FL 33024 US	
2. Principal Place of Business		2a. Mailing Address	
21 6010 NE 14 RD. St. Apt. # etc		26 6010 NE 14 RD Suite, Apt. #, etc	
22 FORT LAUDERDALE City & State		27 FORT LAUDERDALE City & State	
23 FLORIDA Zip		28 FLORIDA Zip	
24 33334 Country		29 33334 Country	
25 BROWARD		30 BROWARD	

3. Date Incorporated or Qualified 08/19/1975	
4. FEI Number 12-3763395	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARBERRY, ROBERT C. 521 NW 83 TERRACE PEMBROKE PINES FL 33024		81 Name PATRICK CLARKE 82 Street Address (P.O. Box Number is Not Acceptable) 6010 NE 14 RD. 83 FORT LAUDERDALE FLORIDA 84 City FL 85 Zip Code 33334	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	S FORTUNE, DONALD 2320 N.W. 84TH TERR. PEMBROKE PINES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	PD LAWLESS, JAMES 3113 SW 23RD TERRACE PEMBROKE PARK FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	James Lawless 3113 SW 23RD TERRACE PEMBROKE PARK, FL.
<input checked="" type="checkbox"/> DELETE	TD QUINN, EAMON 4351 SW 105 AVE DAVIE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	EAMON QUINN 4351 SW 105 AVE DAVIE, FL., 33325
<input checked="" type="checkbox"/> DELETE	VPD CARBERRY, ROBERT C 521 NW 83 TERR PEMBROKE PINES FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CHARLES DIAMOND 135 SE. 7TH ST DEERFIELD BEACH, FL., 33441
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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: Eamon Quinn (EAMON QUINN) 2/23/98 (954) 475-0088

CR2E037 (10/97)