

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90029 073 ****61.25
05-19-1999 90029 074 *****8.75

DOCUMENT # 733614

1. Corporation Name

ANCIENT ORDER OF HIBERNIANS OF FLORIDA, INC.

Principal Place of Business

6010 NE 14TH RD
FT. LAUDERDALE FL 33334
US

Mailing Address

6010 NE 14TH RD
FT. LAUDERDALE FL 33334
US



2. Principal Place of Business

21 **13380 N.W. 7th Street**

Suite, Apt. #, etc.

22

City & State
PLANTATION FL.

Zip Country
33325 U.S.A.

24 **33325** 25 **U.S.A.**

2a. Mailing Address

26 **13380 N.W. 7th Street**

Suite, Apt. #, etc.

27

City & State
PLANTATION FL.

Zip Country
33325 U.S.A.

29 **33325** 30 **U.S.A.**

3. Date Incorporated or Qualified

08/19/1975

4. FEI Number

12-3763395

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

MARTIN MCANDREW

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

13380 NW 7th STREET

83

84 City

PLANTATION

FL

85 Zip Code

33325

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

Martin McAndrew **MARTIN MCANDREW** *President*

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE

NAME **FORTUNE, DONALD**
STREET ADDRESS **2320 N.W. 84TH TERR.**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **TD** ☒ DELETE

NAME **LAWLESS, JAMES**
STREET ADDRESS **3113 SW 23RD TERRACE**
CITY-ST-ZIP **PEMBROKE PARK FL**

TITLE **PD** ☒ DELETE

NAME **QUINN, EAMON**
STREET ADDRESS **4351 SW 105 AVE**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VPD** ☒ DELETE

NAME **DIAMOND, CHARLES**
STREET ADDRESS **135 SE 7TH ST**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P.D.**
Martin McAndrew
1.3 STREET ADDRESS **13380 NW 7th Street**
1.4 CITY-ST-ZIP **Plantation, Fl. 33325**

2.1 TITLE **V.D.** ☒ Change ☐ Addition

2.2 NAME **James Connaughton**
2.3 STREET ADDRESS **306 NE 1st Street**
2.4 CITY-ST-ZIP **Deerfield Beach, Fl. 33441**

3.1 TITLE **S.D.** ☒ Change ☐ Addition

3.2 NAME **Aidan Fusco**
3.3 STREET ADDRESS **200 East McNab Road**
3.4 CITY-ST-ZIP **Pompano Beach, Fl. 33060**

4.1 TITLE **T.D.** ☒ Change ☐ Addition

4.2 NAME **Ralph Rittenhouse**
4.3 STREET ADDRESS **200 East McNab Road**
4.4 CITY-ST-ZIP **Pompano Beach, Fl. 33060**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Martin McAndrew* **MARTIN MCANDREW**

4/30/99

Date

954-325-9225

Daytime Phone #

CR2E037 (11/98)

0039428