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 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736658 (6)

1. Corporation Name

FLORIDA IRISH AMERICAN CLUB OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 40943 ST PETERSBURG FL 33743 0943	POST OFFICE BOX 40943 ST PETERSBURG FL 33743 0943

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1700127 ☐ 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 subsidy for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WHITNEY, LORETTA
5400 PARK STREET NORTH
UNIT 103
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, LORETTA	12 NAME	
STREET ADDRESS	5400 PARK ST. N. #103	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GREBINSKI, GERALDINE	22 NAME	
STREET ADDRESS	5883 50TH AVE. NORTH	23 STREET ADDRESS	
CITY ST ZIP	KENNETH CITY FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SCOTT, NANCY	32 NAME	
STREET ADDRESS	751 64TH AVE.	33 STREET ADDRESS	
CITY ST ZIP	ST. PETE BEACH FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	COLLINS, JACK	42 NAME	
STREET ADDRESS	1734 COUNTRY CLUB RD.	43 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DELANEY, MARY	52 NAME	
STREET ADDRESS	4117 72ND ST. N. LOT 27	53 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ELLIS, NORA	62 NAME	
STREET ADDRESS	285 79TH AVE.	63 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	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(1)(a), 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: Loretta Whitney - Loretta Whitney 4/30/95 813-576-4210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094441