

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 736658 (6)

1. Corporation Name

FLORIDA IRISH AMERICAN CLUB OF ST. PETERSBURG, I  
NC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 40943  
ST PETERSBURG FL 33743-0943

POST OFFICE BOX 40943  
ST PETERSBURG FL 33743-0943



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1976		3a. Date of Last Report 03/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1700127		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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, 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, LORETTA	1.2 NAME	
STREET ADDRESS	5400 PARK ST. N. #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREBINSKI, GERALDINE	2.2 NAME	
STREET ADDRESS	5883 50TH AVE. NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, MARY	3.2 NAME	
STREET ADDRESS	41147-72ND STREET NORTH LOT 27	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JACK	4.2 NAME	
STREET ADDRESS	1734 COUNTRY CLUB RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, EMERY	5.2 NAME	
STREET ADDRESS	5400 PARK STREET NORTH UNIT 103	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, NORA	6.2 NAME	
STREET ADDRESS	285 79TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do 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 *Loretta Whitney*

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CR2E037 (9/96)