

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



2. Principal Place of Business

2a. Mailing Address

21 4280-70th AVE. N.

26 4280-70th AVE. N.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Pinellas Park, FL

28 Pinellas Park, FL

24 Zip

25 Country

24 34665

25 USA

29 Zip

30 Country

29 34665

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1976

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

81 Name Werton, Terry  
82 Street Address (P.O. Box Number is Not Acceptable)  
4280-70th Ave. N.  
83 Pinellas Park  
84 City  
85 Zip Code FL 34665

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 5/27/98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WHITNEY, LORETTA  
STREET ADDRESS 5400 PARK ST. N. #103  
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD  
NAME GREBINSKI, GERALDINE  
STREET ADDRESS 8883 50TH AVE. NORTH  
CITY-ST-ZIP KENNETH CITY FL

TITLE SD  
NAME DELANEY, MARY  
STREET ADDRESS 41147-72ND STREET NORTH LOT 27  
CITY-ST-ZIP ST. PETE BEACH FL

TITLE TD  
NAME COLLINS, JACK  
STREET ADDRESS 1734 COUNTRY CLUB RD.  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D  
NAME WHITNEY, EMERY  
STREET ADDRESS 5400 PARK STREET NORTH UNIT 103  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D  
NAME ELLIS, NORA  
STREET ADDRESS 285 79TH AVE.  
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Werton, Terry ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4280-70th Ave. North  
1.4 CITY-ST-ZIP Pinellas Park, FL 34665

2.1 TITLE VP O'CONNOR, Eileen ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 9843-40th St. North  
2.4 CITY-ST-ZIP Pinellas Park, FL 33782

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME Whitney Loretta  
3.3 STREET ADDRESS 5400-Park St. N. #103  
3.4 CITY-ST-ZIP St. Petersburg, FL 33709

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME Loughlin, Mary  
4.3 STREET ADDRESS 8001-Blind Pass Rd. #18  
4.4 CITY-ST-ZIP St. Pete. Beach, FL 33706

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME Kwasnik, Catherine  
5.3 STREET ADDRESS 6020 Shore Blvd. So. #23  
5.4 CITY-ST-ZIP Gulfport, FL 33707

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME Eccles, Elizabeth  
6.3 STREET ADDRESS 4200-127th Ave. N.  
6.4 CITY-ST-ZIP St. Petersburg, FL 33713

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

(TERRY)

CR2E037 (10/97)