

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90019 010 ****61.25

0056185

DOCUMENT # 736658

1. Corporation Name

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

Principal Place of Business

4280 70TH AVE N
PINELLAS PARK FL 34665
US

Mailing Address

4280 70TH AVE N
PINELLAS PARK FL 34665
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

WERTON, TERRY
4280 70TH AVE N
PINELLAS PARK FL 34665

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

TITLE VP ☐ DELETE
NAME O'CONNOR, EILEEN
STREET ADDRESS 9843 40TH ST N
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE PD ☐ DELETE
NAME WERTON, TERRY
STREET ADDRESS 4280 70TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE SD ☐ DELETE
NAME WHITNEY, LORETTA
STREET ADDRESS 5400 PARK ST N, #103
CITY-ST-ZIP ST PETERSBURG FL 33709

TITLE TD ☒ DELETE
NAME LOUGHLIN, MARY
STREET ADDRESS 8001 BLIND PASS RD, #18
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

TITLE D ☐ DELETE
NAME KWANSNIK, CATHERINE
STREET ADDRESS 6020 SHORE BLVD S, #23
CITY-ST-ZIP GULFPORT FL 33707

TITLE D ☐ DELETE
NAME ECCLES, ELIZABETH
STREET ADDRESS 4200 27TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33713

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Michael DARR ☐ Change ☒ Addition
1.2 NAME 8225 128th Street NO
1.3 STREET ADDRESS Seminole #1 34646
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TD MARY DARR ☐ Change ☒ Addition
4.2 NAME 8225 128th Street NO
4.3 STREET ADDRESS Seminole #1 34646
4.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 813 527-9224

CR2E037 (11/98)