


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 028 ****61.25

DOCUMENT # 736658	
1. Entity Name FLORIDA IRISH AMERICAN CLUB OF ST. PETERSBURG, INC.	

Principal Place of Business 5773 62ND ST NO PINELLAS PARK, FL 33713 US	Mailing Address 3601 30TH AVE NO. APT. #2 SAINT PETERSBURG, FL 33713 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5900 SHORE BLVD S. 108 City & State GULFPORT FL
City & State	4. FEI Number 59-1700127
Zip 33707	Country USA
Zip 33707	Country USA



08082005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent AMERSON, MARY 3601 30TH AVENUE NO. APT #2 SAINT PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name KATHIE RAFTERY Street Address (P.O. Box Number is Not Acceptable) 5900 SHORE BLVD S #108 City GULFPORT FL Zip Code 33707
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathie Raftery* DATE 8/9/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KWASNIK, CATHERINE 6020 SHORE BLVD SO 203 GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KWASNIK, CATHERINE 6020 SHORE BLVD S. #203 GULFPORT FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMERSON, MARY 3601 30TH AVE NO. APT #2 SAINT PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERBU WERTON 7100 ULMERTON RD LARGO FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WERTON, KIMBERLY 4280 70TH AVE NO PINELLAS PARK, FL 34665 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND RAFTERY 5900 SHORE BLVD S #108 GULFPORT, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAFTERY, KATHIE 5900 SHORE BLVD SO #108 GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, PEGGY 2708 53RD ST SO GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, JERRY 2708 53RD ST SO GULFPORT, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathie Raftery* DATE 8/9/05 NEXT TIME PHONE # 727-347-6245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR