## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 736658** 

FILED Feb 08, 2007 Secretary of State

Entity Name: FLORIDA IRISH AMERICAN CLUB OF ST. PETERSBURG, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5773 62ND ST NO PINELLAS PARK, FL 33713 US **Current Mailing Address: New Mailing Address:** 5900 SHORE BLVD S GULFPORT, FL 33707 US FEI Number: 59-1700127 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAFERY, KATHIE 5900 SHÓRE BLVD S # 108 GULFPORT, FL 33707 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete KWASNIK, CATHERINE KWASNIK, CATHERINE Name: Name: 6020 SHORE BLVD SO 203 Address: 6020 SHORE BLVD SO 203 Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULFPORT, FL 33707 Title: () Delete Title: (X) Change ( ) Addition WERTON, TERRY Name: WERTON, TERRY Name: Address: 7100 ULMERTON RD Address: 7100 ULMERTON RD City-St-Zip: LARGO, FL City-St-Zip: LARGO, FL Title: () Delete Title: (X) Change ( ) Addition WERTON, KIMBERLY MC NAMARA, JANET Name: Name: 4280 70TH AVE NO Address: Address: 4819 29TH AVE N City-St-Zip: PINELLAS PARK, FL 34665 City-St-Zip: ST PETERSBURG, FL 33713 Title: ( ) Delete Title: () Change () Addition RAFERTY, KATHIE Name: Name: 5900 SHORE BLVD SO #108 Address: Address: GULFPORT, FL 33707 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BRENNAN, PEGGY Name: Name: 2708 53RD ST SO Address: Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip: Title: () Delete Title: () Change () Addition BRENNAN, JERRY Name: Name: Address: 2708 53RD ST SO Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KATHIE RAFTERY O 02/08/2007

GULFPORT, FL 33709

City-St-Zip: