

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90197 033 ****61.25

DOCUMENT # 742846 1. Entity Name IRISH-AMERICAN SOCIAL CLUB, INC.					
Principal Place of Business 952 W BEAKRUSH LANE BEVERLY HILLS, FL 34465 US			Mailing Address P.O. BOX 640842 BEVERLY HILLS, FL 34464-0842 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEE, K.T. 952 W BEAKRUSH LAKE BEVERLY HILLS, FL 34465-4213				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUANE, HELEN		NAME	CRYSLER, MADOLYN	
STREET ADDRESS	70 SJ KELLNER BLVD		STREET ADDRESS	222 S. ADAMS ST.	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, K.T.		NAME	SAME	
STREET ADDRESS	952 W BEARRUSH LANE		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, JOAN		NAME	DONOHUE, BETTY	
STREET ADDRESS	4167 N AMECHE TERR		STREET ADDRESS	4264 N. LINCOLN AVE.	
CITY-ST-ZIP	BEVERLY HILLS, FL		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILDRED, DOWLING		NAME	MC DERMOTT, ARTHUR	
STREET ADDRESS	7 ARIZONA ST		STREET ADDRESS	520 S. JEFFERSON ST.	
CITY-ST-ZIP	BEVERLY HILLS, FL		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DOREEN		NAME	BRENNAN, CHARLOTTE	
STREET ADDRESS	8016 N TOWER WAY		STREET ADDRESS	90 W. ROYAL FERN PL.	
CITY-ST-ZIP	CITRUS SPRINGS, FL		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Helen McGuane</u>			Date: <u>April-23-2004</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>352 746-6207</u>		