


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90169 015 \*\*\*\*61.25

<b>DOCUMENT # 742846</b> 1. Entity Name <b>IRISH-AMERICAN SOCIAL CLUB, INC.</b>					
Principal Place of Business <b>952 W BEAKRUSH LANE BEVERLY HILLS FL 34465 US</b>			Mailing Address <b>P.O. BOX 640842 BEVERLY HILLS FL 34464-0842 US</b>		
2. Principal Place of Business - No P.O. Box #		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				4. FEI Number <b>59-2868645</b>	
<b>LEE, K.T. 952 W BEAKRUSH LAKE BEVERLY HILLS FL 34465-4213</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				7. Name and Address of New Registered Agent	
				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>COONEY, JOHN</b> <b>3956 N HUCKLEBERRY PT</b> <b>BEVERLY HILLS FL 34465</b>	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MCDERMOTT, ARTHUR</b> <b>520 S JEFFERSON ST.</b> <b>BEVERLY HILLS FL 34465</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LEE, K.T.</b> <b>952 W BEAKRUSH LANE</b> <b>BEVERLY HILLS FL 34465</b>	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MARIE, SHEA</b> <b>2534 N. LINCOLN AVE</b> <b>BEVERLY HILLS FL 34465</b>	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MCDERMOTT, ARTHUR</b> <b>520 S JEFFERSON ST.</b> <b>BEVERLY HILLS FL 34465</b>	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATHERTON, CORRINE</b> <b>55 S. DAVIS ST.</b> <b>BEVERLY HILLS FL 34465</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD <b>BRENNAN, CHARLOTTE</b> <b>90 W. ROYAL FERN PL</b> <b>BEVERLY HILLS FL 34465</b>	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Delete <input type="checkbox"/>	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 exemptions contained in Section 119, 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.					
<b>SIGNATURE: Marie A. Shea MARIE A. SHEA 4/18/07 (352) 746-3650</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Lifetime Phone #)</small>					