

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90032 047 ****61.25

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DOCUMENT # 749566 1. Entity Name THE IRISH SOCIAL CLUB OF PALM COAST					
Principal Place of Business P O BOX 350125 PALM COAST, FL 32125-0125 US			Mailing Address P O BOX 350125 PALM COAST, FL 32125-0125 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2045550	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DURISH, JOHN T 2 CLARIDGE CT N PALM COAST, FL 32137			Name CLARK, EDWARD L. Street Address (P.O. Box Number is Not Acceptable) 5 CLEAR COURT City PALM COAST, FL Zip Code 32137		
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 <i>Edward L. Clark</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-6-2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	P SHERIDAN, BERNARD 50 PALM HARBOR PKWY PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALLAHAN, ALICE 68 WEDGEWOOD LN. PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALLAHAN, ALICE 68 WEDGEWOOD LN PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OWENS, DOUGLAS M. 5 WINDERMERE PL. PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DURISH, JOHN T 2 CLARIDGE CT N PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLARK, EDWARD L. 5 CLEAR COURT PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELMER, CHARLES 60 WEBSTER LA PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COURTNEYU, MARIE 125 HARBERSHAM DR FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COURTNEY, MARIE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DOUGLAS 36 WEST BRIAR LA PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOWATT, RONALD R 167 LONDON DR. PALM COAST, FL 32137	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Edward L. Clark</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-6-2006 (386) 447 0466 <small>Date Daytime Phone #</small>		