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Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754626 (0)

1. Corporation Name

SONS AND DAUGHTERS OF ERIN, INC.

Principal Place of Business

12301 FIELDSTONE LANE
BAYONET POINT FL 34667
US

Mailing Address

12301 FIELDSTONE LANE
BAYONET POINT FL 34667-2634
US3. Date Incorporated or Qualified
10/13/19803a. Date of Last Report
04/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2150280Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, KATHLEEN M.
12301 FIELDSTONE LANE
BAYONET POINT FL 34667

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE KATHLEEN M. LEE
Signature, typed or printed name of registered agent and title if applicableTREASURER Kathleen M Lee
(NOTE: Registered Agent signature required when reinstating)3/17/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS LEE, KATHLEEN M.
CITY-ST-ZIP 12301 FIELDSTONE LANE
BAYONET POINT FLTITLE ☐ DELETE
NAME SD
STREET ADDRESS WOJEWSKI, PATRICIA
CITY-ST-ZIP 7604 COVENTRY DR
PORT RICHEY FLTITLE ☒ DELETE
NAME P
STREET ADDRESS LEONA M STICH
CITY-ST-ZIP 7505 S SAN MIGULE DR
PORT RICHEY FLTITLE ☐ DELETE
NAME T
STREET ADDRESS PETER MCQUIRE
CITY-ST-ZIP 11410 WENWOOD PL
PORT RICHEY FLTITLE ☐ DELETE
NAME VPD
STREET ADDRESS SARAH FITZGERALD
CITY-ST-ZIP 7300 PURLEY DR
NEW PORT RICHEY FLTITLE ☐ DELETE
NAME T
STREET ADDRESS MATTHEW DALY
CITY-ST-ZIP 13406 RAY BURN DR
BAYONET PT FL11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP31 TITLE ☐ Change ☒ Addition
32 NAME P
33 STREET ADDRESS THERESA O'HALLEY
34 CITY-ST-ZIP 3112-APPLE BLOSSOM TRAIL
SPRING HILL FL 34606
PRESIDENT41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/17/97 - Kathleen M Lee 813-566-2897
Daytime Phone # 0068217

CR2E037 (9/96)