

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90265 037 \*\*\*\*61.25

**DOCUMENT # 754626**

1. Entity Name

SONS AND DAUGHTERS OF ERIN, INC.



Principal Place of Business

7725-2 FOREST TRAIL  
PORT RICHEY FL 34668  
US

Mailing Address

7725-2 FOREST TRAIL  
PORT RICHEY FL 34668  
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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

TREANOR, FRANCIS J  
77252 FOREST TRAIL  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KIRCHER, PHILLIP P	
STREET ADDRESS	10260 CASEY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FORCE, WILLIAM	
STREET ADDRESS	5413 PALM DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAZEL, MARGARET E	
STREET ADDRESS	4449 TERRY LP	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRCHER, KATHLEEN	
STREET ADDRESS	10260 CASEY DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TREANOR, FRANCIS J	
STREET ADDRESS	7725-2 FOREST TR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOJEWSKI, PATRICIA	
STREET ADDRESS	7604 COVENTRY DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Matthews	
STREET ADDRESS	10600 Salamancas Drive	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Spangle	
STREET ADDRESS	6509 Circle Blvd.	
CITY-ST-ZIP	New Port Richey 34652	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johanna Tole	
STREET ADDRESS	6650 Devonshire Lane	
CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Force	
STREET ADDRESS	5413 Palm Dr.	
CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Tole	
STREET ADDRESS	6650 Devonshire Lane	
CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Wojewski	
STREET ADDRESS	7604 Coventry Dr.	
CITY-ST-ZIP	Port Richey, FL 34668	

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:

*Elizabeth Matthews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

727-862-1214

Daytime Phone #