

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90056 036 ****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

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TREANOR, FRANCIS J
77252 FOREST TRAIL
PORT RICHEY FL 34668**

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 **Francis J. Treanor - Treasurer**

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MATTHEWS, ELIZABETH ☐ Delete
STREET ADDRESS 10620 SALAMANCA DR.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME SPANGLE, JOHN
STREET ADDRESS 6509 CIRCLE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VP ☒ Change ☐ Addition
NAME O Neill, John
STREET ADDRESS 7741 Sagebrush Dr.
CITY-ST-ZIP Port Richey, FL, 34668

TITLE S ☒ Delete
NAME TOLE, JEHANNA
STREET ADDRESS 6650 DEVONSHIRE LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE S ☒ Change ☐ Addition
NAME Stich, Victor
STREET ADDRESS 7505 San Miguel
CITY-ST-ZIP Port Richey, FL, 34668

TITLE D ☐ Delete
NAME FORCE, WILLIAM
STREET ADDRESS 5413 PALM DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME TOLE, DENNIS
STREET ADDRESS 6650 DEVONSHIRE LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE Treasurer ☒ Change ☐ Addition
NAME Treanor, Francis J.
STREET ADDRESS 7725-2 Forest Trail
CITY-ST-ZIP Port Richey, FL, 34668

TITLE D ☐ Delete
NAME WASESKI, PATRICIA
STREET ADDRESS 7604 COVENTRY DR.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Francis J. Treanor

Francis J. Treanor

1-25-05

727.848-4036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #