


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

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90017 004 \*\*\*\*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 - No P.O. Box # 10620 Salamanca Drive		3. Mailing Address Port Richey FL 34668	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BRYAN, BETTY D 4007 AVENIDA DEL MAR NEW PORT RICHEY FL 34655		7. Name and Address of New Registered Agent Name: SATOKO MARIE McLAUGHLIN Street Address (P.O. Box Number is Not Acceptable): 8606 INDIES DR Hudson City: Hudson FL Zip Code: 34667	
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>Satoko Marie McLaughlin</i>		DATE: 3/13/07	
FILE NOW: FEE IS \$61.25 - Due By May 1, 2007 -		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MATTHEWS, ELIZABETH STREET ADDRESS: 10620 SALAMANCA DR. CITY-ST-ZIP: PORT RICHEY FL 34668	<input type="checkbox"/> Delete	TITLE: Pres. NAME: Elizabeth Matthews STREET ADDRESS: 10620 Salamanca Drive CITY-ST-ZIP: Port Richey FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: O'NEILL, JOHN STREET ADDRESS: 7741 SAGEBRUSH DR. CITY-ST-ZIP: PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE: Sec. NAME: Kay MURRAY STREET ADDRESS: 13209 Molitor Ct. CITY-ST-ZIP: Hudson FL 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: JEANETTE YARCA, MARY STREET ADDRESS: 7505 SAN MIGUEL CITY-ST-ZIP: PORT RICHEY FL 34668	<input type="checkbox"/> Delete	TITLE: VP NAME: Mary Jeanette Yuhas STREET ADDRESS: 10322 Choice Dr CITY-ST-ZIP: Port Richey FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BRYAN, BETTY D STREET ADDRESS: 5413 PALM DR. CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Satoko Marie McLaughlin STREET ADDRESS: 8606 INDIES DR CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WASESKI, PATRICIA STREET ADDRESS: 7604 COVENTRY DR. CITY-ST-ZIP: PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	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	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.

SIGNATURE: *Elizabeth Matthews* 3/12/07 727-862-1214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #