

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90017 045 \*\*\*\*61.25

**DOCUMENT # 754626**

1. Entity Name

SONS AND DAUGHTERS OF ERIN, INC.



Principal Place of Business

10620 SALAMENCA DRIVE  
PORT RICHEY FL 34668  
US

Mailing Address

10620 SALAMENCA DRIVE  
PORT RICHEY FL 34668  
US

2. Principal Place of Business - No P.O. Box #

10260 Casey Dr.

Suite, Apt. #, etc.

3. Mailing Address

10260 Casey Dr.

Suite, Apt. #, etc.

City & State

New Port Richey

City & State

New Port Richey

Zip

34654

Country

Pasco

Zip

34654

Country

Pasco

1st MOORE

CR2E037 (10/07)

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

MCLAUGHLIN, SALOKO MARIE  
8606 INDIES DR.  
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name Powers-McMahon, Ann

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

12434 Ferndale Ct.

Hudson, FL

City

34669

FL

Zip Code

346

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

Ann K Powers - McMahon

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

(NOTE: Registered Agent signature required when reinstating)

3/7/08

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

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

TITLE S ☐ Delete  
NAME MURRAY, KAY  
STREET ADDRESS 13209 MOLITOR CT.  
CITY-ST-ZIP HUDSON FL 34669

TITLE VP ☒ Delete  
NAME YUHAS, MARY JEANETTE  
STREET ADDRESS 10322 CHOICE DR.  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T ☒ Delete  
NAME MCLAUGHLIN, SALOKO MARIE  
STREET ADDRESS 8606 INDIES DR  
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME KIRCHER, Kathleen  
STREET ADDRESS 10260 Casey Dr.  
CITY-ST-ZIP New Port Richey, FL 34654

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

TITLE VP ☒ Change ☐ Addition  
NAME HAGAN, Gloria  
STREET ADDRESS 11451 Stranberry Dr.  
CITY-ST-ZIP Port Richey, FL 34668

TITLE T ☒ Change ☐ Addition  
NAME Powers-McMahon, Ann  
STREET ADDRESS 12434 Ferndale Ct.  
CITY-ST-ZIP Hudson, FL 34669

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

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 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:

Ann K Powers - McMahon

3/7/09

727-856-0072