

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 FEB 24 PM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770381 (2)

**1. Corporation Name
CELTIC CIRCLE - IRISH CULTURAL SOCIETY OF FORT W
ALTON BEACH, INC.**

Principal Place of Business Mailing Address
C/O 253 MISSISSIPPI AVENUE VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/22/1983** 3a. Date of Last Report **02/08/1994**
4. FEI Number **59-3177812** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MCGOLDRICK, BRENDAN P.
253 MISSISSIPPI AVENUE
VALPARAISO FL 32580**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOLDRICK, BRENDAN P	1.2 NAME	
STREET ADDRESS	253 MISSISSIPPI AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL 32580	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEEN, FRANCIS	2.2 NAME	
STREET ADDRESS	812 DAUPHINE AVENUE	2.3 STREET ADDRESS	200001417652
CITY - ST - ZIP	MARY ESTHER FL 32569	2.4 CITY - ST - ZIP	-02/28/95--01105--013
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARY, SIO	3.2 NAME	
STREET ADDRESS	330 JASMINE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUSKA, SUSAN	4.2 NAME	
STREET ADDRESS	P.O. BOX 577 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL 32547	4.4 CITY - ST - ZIP	
TITLE	SS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DAVE	5.2 NAME	
STREET ADDRESS	502 VINCENT AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	5.4 CITY - ST - ZIP	
TITLE	PS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREACY, BILL	6.2 NAME	
STREET ADDRESS	214 LAFIETE CRESCENT	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	6.4 CITY - ST - ZIP	

2/24/95
MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Brandon P. McGoldrick 19 Jan 95 (904) 678-4261
Signature and Title of Registered Agent or Director Date District

Brandon P. McGoldrick