

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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** **C/O 253 MISSISSIPPI AVENUE VALPARAISO FL 32580**

3. Date Incorporated or Qualified **09/22/1983** 3a. Date of Last Report **02/24/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-3177812</b>	Not Applicable
22	22	27	23	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip	Country	Zip	Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGOLDRICK, BRENDAN P.  
253 MISSISSIPPI AVENUE  
VALPARAISO FL 32580**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MCGOLDRICK, BRENDAN P	1.2 NAME	MATUSKA SUSAN
STREET ADDRESS	253 MISSISSIPPI AVENUE	1.3 STREET ADDRESS	P.O. Box 577 M/A
CITY-ST-ZIP	VALPARAISO FL 32580	1.4 CITY-ST-ZIP	VALPARAISO FL 32580
TITLE	VD	2.1 TITLE	VP
NAME	KILEEN, FRANCIS	2.2 NAME	TREACY BILL
STREET ADDRESS	612 DAUPHINE AVENUE	2.3 STREET ADDRESS	214 LAFIETE CRESCENT
CITY-ST-ZIP	MARY ESTHER FL 32569	2.4 CITY-ST-ZIP	FT. WALTON BEACH FL 32547
TITLE	SD	3.1 TITLE	SD
NAME	CARY, SIO	3.2 NAME	MAQUIRE WALTER
STREET ADDRESS	330 JASMINE AVE	3.3 STREET ADDRESS	2024 WIND TRACE SD
CITY-ST-ZIP	VALPARAISO FL	3.4 CITY-ST-ZIP	NAVAREE FL 32566
TITLE	T	4.1 TITLE	T
NAME	MATUSKA, SUSAN	4.2 NAME	CLANCY MARY E
STREET ADDRESS	P.O. BOX 577 N/A	4.3 STREET ADDRESS	209 HAWTHORNE CIR
CITY-ST-ZIP	VALPARAISO FL 32547	4.4 CITY-ST-ZIP	KWB FL 32547
TITLE	SS	5.1 TITLE	SS
NAME	BUTLER, DAVE	5.2 NAME	STONE DOUG
STREET ADDRESS	502 VINCENT AVENUE	5.3 STREET ADDRESS	1405 SCOTT ST.
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	5.4 CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	PS	6.1 TITLE	PS
NAME	TREACY, BILL	6.2 NAME	YANORA JOHN
STREET ADDRESS	214 LAFIETE CRESCENT	6.3 STREET ADDRESS	P.O. BOX 913 DESTAN
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	6.4 CITY-ST-ZIP	FL 32540-0024

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 119.07(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: *Susan Matuska*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb 15, 1996 Daytime Phone: 904-678-1981

CR2E037 (12/95)