

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

C/O 253 MISSISSIPPI AVENUE
VALPARAISO FL 32580

Mailing Address

C/O 253 MISSISSIPPI AVENUE
VALPARAISO FL 32580



3. Date Incorporated or Qualified

09/22/1983

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

NAME

PD
MCGOLDRICK, BRENDAN P
253 MISSISSIPPI AVENUE
VALPARAISO FL 32580

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE

NAME

VD
KILEEN, FRANCIS
612 DAUPHINE AVENUE
MARY ESTHER FL 32569

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE

NAME

SD
CARY, SIO
330 JASMINE AVE
VALPARAISO FL

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE

NAME

T
MATUSKA, SUSAN
P.O. BOX 577 N/A
VALPARAISO FL 32547

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE

NAME

SS
BUTLER, DAVE
502 VINCENT AVENUE
FT. WALTON BEACH FL 32547

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE

NAME

PS
TREACY, BILL
214 LAFIETE CRESCENT
FT. WALTON BEACH FL 32547

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - ZIP

TITLE ☐ DELETE

71 TITLE

NAME

SS
STONE DOUG
1405 SCOTT ST.
NICEVILLE FL 32578

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY - ST - ZIP

74 CITY - ST - ZIP

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

Feb 15, 1996 904678-1981

Date

Daytime Phone

CR2E037 (12/95)