


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **770381** (2)

**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
--	--

2. Principal Place of Business 21 209 HAWTHORNE CIR		2a. Mailing Address 26 209 HAWTHORNE CIR		3. Date Incorporated or Qualified 09/22/1983	3a. Date of Last Report 02/21/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3177812	Applied For <input type="checkbox"/> Not Applicable
City & State 23 FT. WALTON BCH FL		City & State 28 FT. WALTON BCH. FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32547	Country 25 USA	Zip 29 32547	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 MARY E. CLANCY	
				82 Street Address (P.O. Box Number is Not Acceptable) 209 HAWTHORNE CIR	
				83	
				84 City FT. WALTON BCH. FL	85 Zip Code 32547

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 Mary E. Clancy DATE 1-19-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATUSKA, SUSAN			1.2 NAME	MATUSKA SUSAN		
STREET ADDRESS	P.O. BOX 577 NA			1.3 STREET ADDRESS	P.O. BOX 577 NA		
CITY-ST-ZIP	VALPARAISO FL			1.4 CITY-ST-ZIP	VALPARAISO FL		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TREACY, BILL			2.2 NAME	STONE DOUG		
STREET ADDRESS	214 LAFIETE CRESCENT			2.3 STREET ADDRESS	1405 SCOTT ST.		
CITY-ST-ZIP	FORT WALTON BEACH FL			2.4 CITY-ST-ZIP	NICEVILLE FL		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAQUIRE, WALTER			3.2 NAME	MAQUIRE, WALTER		
STREET ADDRESS	2024 WIND TRACE SOUTH			3.3 STREET ADDRESS	2024 WIND TRACE SOUTH		
CITY-ST-ZIP	NAVARRE FL			3.4 CITY-ST-ZIP	NAVARRE FL		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLANCY, MARY E.			4.2 NAME	CLANCY, MARY E.		
STREET ADDRESS	209 HAWTHORNE CIRCLE			4.3 STREET ADDRESS	209 HAWTHORNE CIR.		
CITY-ST-ZIP	FORT WALTON BEACH FL			4.4 CITY-ST-ZIP	FT. WALTON BEACH FL		
TITLE	SS	<input type="checkbox"/> DELETE		5.1 TITLE	SS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STONE, DOUG			5.2 NAME	PURCELL BEATTIE		
STREET ADDRESS	1405 SCOTT STREET			5.3 STREET ADDRESS	204 HOOD AVE		
CITY-ST-ZIP	NICEVILLE FL			5.4 CITY-ST-ZIP	FT. WALTON BEACH FL		
TITLE	PS	<input type="checkbox"/> DELETE		6.1 TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YANURA, JOHN			6.2 NAME	YANURA JOHN		
STREET ADDRESS	P.O. BOX 913 NA			6.3 STREET ADDRESS	P.O. BOX 913 NA 943D ASHLEY LN.		
CITY-ST-ZIP	DESTON FL			6.4 CITY-ST-ZIP	FT. WALTON BCH FL		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

904