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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770381** (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

209 HAWTHORNE CIR.  
FT. WALTON BCH FL 32547  
US

209 HAWTHORNE CIR.  
FT. WALTON BCH FL 32547  
US

3. Date Incorporated or Qualified

**09/22/1983**

4. FEI Number

**59-3177812**

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY E. CLANCY  
209 HAWTHORNE CIR.  
FT. WALTON BCH FL 32547

81 Name

**MARY E. CLANCY**

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

**209 HAWTHORNE CIR**

83

**FT. WALTON BCH**

84 City

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-28-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATUSKA, SUSAN	
STREET ADDRESS	P.O. BOX 577 NA	
CITY-ST-ZIP	VALPARAISO FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STONE DOUGLAS	
1.3 STREET ADDRESS	1405 SCOTT ST.	
1.4 CITY-ST-ZIP	NICEVILLE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	STONE DOUG	
STREET ADDRESS	1405 SCOTT ST.	
CITY-ST-ZIP	NICEVILLE FL	

2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PURCELL BEATTIE	
2.3 STREET ADDRESS	204 HOOD AVE	
2.4 CITY-ST-ZIP	FT. WALTON BCH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAQUIRE, WALTER	
STREET ADDRESS	2024 WIND TRACE SOUTH	
CITY-ST-ZIP	NAVARRE FL	

3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAQUIRE WALTER	
3.3 STREET ADDRESS	2024 WIND TRACE SO.	
3.4 CITY-ST-ZIP	NAVARRE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CLANCY, MARY E.	
STREET ADDRESS	209 HAWTHORNE CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL	

4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLANCY MARY E	
4.3 STREET ADDRESS	209 HAWTHORNE CIR.	
4.4 CITY-ST-ZIP	FT. WALTON BCH FL.	

TITLE	SS	<input type="checkbox"/> DELETE
NAME	PURCELL BEATTIE	
STREET ADDRESS	204 HOOD AVE.	
CITY-ST-ZIP	FT. WALTON BCH FL	

5.1 TITLE	SS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STONE JOANNE	
5.3 STREET ADDRESS	204 HOOD AVE	
5.4 CITY-ST-ZIP	FT. WALTON BCH FL.	

TITLE	PS	<input type="checkbox"/> DELETE
NAME	YANURA, JOHN	
STREET ADDRESS	963 D ASHLEY LANE	
CITY-ST-ZIP	FT. WALTON BCH FL	

6.1 TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MAC GREGG RAY	
6.3 STREET ADDRESS	806 PINE ST.	
6.4 CITY-ST-ZIP	DESTIN FL. 32541	

14. I 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.

SIGNATURE: *Mary E. Clancy* **MARY E. CLANCY**

**1-28-98 850 862-3572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (10/97)