


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 209 HAWTHORNE CIR. FT. WALTON BCH FL 32547 US		Mailing Address 209 HAWTHORNE CIR. FT. WALTON BCH FL 32547 US		3. Date Incorporated or Qualified 09/22/1983
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3177812
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 City FT. WALTON BCH
		84 State 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 **1-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MATUSKA, SUSAN <input type="checkbox"/> DELETE	1.1 TITLE PD	STONE DOUGLAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	STONE DOUG <input type="checkbox"/> DELETE	2.1 TITLE V.P.	PURCELL BEATTIE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	MAQUIRE, WALTER <input type="checkbox"/> DELETE	3.1 TITLE S.D.	MAQUIRE WALTER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	CLANCY, MARY E. <input type="checkbox"/> DELETE	4.1 TITLE T	CLANCY MARY E <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE SS	PURCELL BEATTIE <input type="checkbox"/> DELETE	5.1 TITLE S.S.	STONE JOANNE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE PS	YANURA, JOHN <input type="checkbox"/> DELETE	6.1 TITLE P.S.	MACGROGAN RAY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 DATE **1-28-98** 850
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARY E. CLANCY** DAYTIME PHONE # **862-3572**

CR2E037 (10/97)