


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90250 003 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # 770381</b> 1. Corporation Name <b>CELTIC CIRCLE - IRISH CULTURAL SOCIETY OF FORT W</b> <b>ALTON BEACH, INC.</b>		
Principal Place of Business <b>209 HAWTHORNE CIR.</b> <b>FT. WALTON BCH FL 32547</b> <b>US</b>		Mailing Address <b>209 HAWTHORNE CIR.</b> <b>FT. WALTON BCH FL 32547</b> <b>US</b>

3 373122-90049-47 2 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/22/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3177812	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLANCY, MARY E. 209 HAWTHORNE CIRCLE FT. WALTON BEACH FL 32547				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 617.1506, 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	SS	<input type="checkbox"/> DELETE	1.1 TITLE	SS. WALTER MAGUIRE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, JOANNE		1.2 NAME		
STREET ADDRESS	204 HOOD AVE		1.3 STREET ADDRESS	2024 WIND TRACE S	
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DOUGLAS		2.2 NAME	Ruth-Jean Mc Goldrick	
STREET ADDRESS	1405 SCOTT ST.		2.3 STREET ADDRESS	253 MISSISSIPPI AVE	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAQUIRE, WALTER		3.2 NAME	John YANORA	
STREET ADDRESS	2024 WIND TRACE SOUTH		3.3 STREET ADDRESS	943D Ashley Lane	
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP	FT. Walton Bch 32547	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	CLANCY, MARY E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, MARY E.		4.2 NAME		
STREET ADDRESS	209 HAWTHORNE CIRCLE		4.3 STREET ADDRESS	209 Hawthorne Circle	
CITY-ST-ZIP	FORT WALTON BEACH FL		4.4 CITY-ST-ZIP	Fort Walton Beach FL	
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	VP. Walter Maguire	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL BEATTLE		5.2 NAME		
STREET ADDRESS	204 HOOD AVE		5.3 STREET ADDRESS	2024 Wind Trace S	
CITY-ST-ZIP	FT. WALTON BCH FL		5.4 CITY-ST-ZIP	Navarre FL, 32566	
TITLE	PS	<input type="checkbox"/> DELETE	6.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACGROGAN, RAY		6.2 NAME	PURCELL, Beattie	
STREET ADDRESS	806 PINE ST.		6.3 STREET ADDRESS	204 Hood Ave	
CITY-ST-ZIP	DESTIN FL 32541		6.4 CITY-ST-ZIP	FT. Walton Bch 32548	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

*Ruth Jean Mc Goldrick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Ruth Jean Mc Goldrick

3-10-99

Date

678-4261

Daytime Phone #

CR2E037 (1/98)