## **FILED** Apr 28, 2000 8:00 am Secretary of State 01-27-2000 90111 031 \*\*\*\*61.25

## DOCUMENT # 770381

| 1. Entity Name                                      |  |
|---|--|
| CELTIC CIRCLE - IRISH CULTUI                        | RAL SOCIETY OF FORT W                                    |
| Principal Place of Business                         | Mailing Address  |
| 209 HAWTHORNE CIR.<br>FT. WALTON BCH FL 32547<br>US | 209 HAWTHORNE CIR.<br>FT. WALTON 8CH FL 32547-3707<br>US |
| 2. Principal Place of Business                      | 3. Mailing Address                                       |
| Suite, Apt. #, etc.                                 | Suite, Apt. #, etc.                                      |
| City & State  | City & State   |

|   |  | _   |  | 1  |  |   |  |
|---|--|---|--|--|--|---|--|
| 209 HAWTHORN<br>FT. WALTON BO<br>US   |  | 209 HAWTHORNE CIR.<br>FT, WALTON BCH FL 32547-3<br>US | 707  |  |  |   |  |
|   |  |   |  |  |  | <u> </u>  |  |
| 2. Principal Pl   | ace of Business  | 3. Mailing Address                                    | •  |  |  |   |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                                   | ······································   |  | DO NOT WRITE IN THIS:  | SPACE   |  |
| City & State  | · · · · · ·  | City & State  |  | 4. FEI Number  | 59-3177812   | ———   | olied For<br>Applicable                                    |
| Zip   | Country  | Zip   | Country  | 5. Certificate of  | of Status Desired  | \$8.75 Addi   |  |
|   | 6. Name and Address of Current   | 7. Name and   | Address of New Registered  | Agent  |  |   |  |
|   |  |   | Name   | ***  |  |   |  |
|   |  |   | 2000 00 4 4  |  | :- N-+ N +- (- )   |   |  |
| CLANCY, N   | MARY E.  |   | Street Ad  | dress (P.O. Box Number   | is not acceptable)   |   | [  |
|   | HORNE CIRCLE   |   | <u> </u>   |  |  |   |  |
| FT. WALTO   | ON BEACH FL 32547  |   | <u> </u>   |  |  | Zin Codo  |  |
|   |  |   | City   |  | FL   | Zip Code  | ·  |
| 8. The above  | named entity submits this statement fo   | r the purpose of changing its re                      | egistered office or r  | egistered agent, or both   | , in the state of Florida.   |   |  |
|   | •  |   | -  | •  |  |   | \$   |
|   | M. 81  | $^{\circ}L$   | Δ  | 1 ( ) 14   |  |   |  |
| SIGNATURE .   | a lary c. C  | roney.  | MARY   | E. CLANO   |  | 21-20   | 00   |
|   | Signature, typed or printed fame of registered agent   | and title if applicable (NOTE:                        | Registered Agent sjignatur   | 9 required when reinstating)   | • DATE   |   |  |
|   |  | ·   |  |  |  |   |  |
|   | FILE NOW:  | 9. Election Campaign I                                | ~ —  | \$5.00 May Be  | Make Check   | •   |  |
|   |  |   |  |  |  |   |  |
| ነ   | FEE IS \$61.25   | Trust Fund Contribut                                  | ion. U   | Added to Fees  | Department   | t of State  | }  |
|   |  |   |  |  | <u> </u>   |   | 10   |
| 10.   | OFFICERS AND DI  | RECTORS   | 31.  |  | Department   | RECTORS IN  |  |
| TITLE   | OFFICERS AND DI  |   | 11.<br>TMLE  | ADDITIONS/CHA  | ANGES TO OFFICERS AND D  |   |  |
| TITLE<br>NAME   | OFFICERS AND DI  | RECTORS   | 11. ITTLE NAME   | ADDITIONS/CHA  | NGES TO OFFICERS AND D   | DRECTORS IN Change                                    |  |
| TITLE NAME STREET ADDRESS   | OFFICERS AND DI<br>SSVD<br>MAGUIRE, WALTER<br>2024 WIND TRACE S.   | RECTORS   | 11. ITILE NAME STREET ADDRESS  | ADDITIONS/CHAP<br>P<br>JEAN ME (<br>253 MIS  | NGES TO OFFICERS AND D<br>FOLDRICK<br>SISSIPPI AUE   | IRECTORS IN  Change                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DI<br>SSVD<br>MAGUIRE, WALTER<br>2024 WIND TRACE S.<br>NAVARRE FL 32566   | RECTORS  Delete                                       | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP  | ADDITIONS/CHA  | SOLDRICK<br>SISSIPPI AUE   | Change  | Addition 8   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AND DI<br>SSVD<br>MAGUIRE, WALTER<br>2024 WIND TRACE S.<br>NAVARRE FL 32566<br>PSD  | RECTORS   | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P<br>JEAN ME<br>253 MISS<br>VALPARI<br>VP  | ANGES TO OFFICERS AND DI<br>FOLDRICK<br>SISSIPPI AUE<br>AISO FL.32   | Change  S & O  Change                                 |  |
| TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AND DI<br>SSVD<br>MAGUIRE, WALTER<br>2024 WIND TRACE S.<br>NAVARRE FL 32566<br>PSD<br>PURCELL, BEATIE   | RECTORS  Delete                                       | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | P<br>JEAN ME<br>253 MISS<br>VALPART  | ANGES TO OFFICERS AND DI<br>FOLDRICK<br>SISSIPPI AUE<br>AISO FL.32   | Change  S & O  Change                                 | Addition 8   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AND DI<br>SSVD<br>MAGUIRE, WALTER<br>2024 WIND TRACE S.<br>NAVARRE FL 32566<br>PSD<br>PURCELL, BEATIE<br>204 HOOD AVENUE  | RECTORS  Delete                                       | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P<br>JEAN ME<br>253 MISS<br>VALPART  | ANGES TO OFFICERS AND DI<br>FOLDRICK<br>SISSIPPI AUE<br>AISO FL.32   | Change  S & O  Change                                 | Addition 8   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP  | OFFICERS AND DI SSVD MAGUIRE, WALTER 2024 WIND TRACE S. NAVARRE FL 32566 PSD PURCELL, BEATIE 204 HOOD AVENUE FORT WALTON FL=32548  | RECTORS  March Delete                                 | 11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | ADDITIONS/CHAP<br>P<br>JEAN ME<br>253 MIS:<br>VALPARA<br>VP<br>WALTER<br>2024 W<br>NAVARE                                      | ANGES TO OFFICERS AND DI<br>GOLDRICK<br>SISSIPPI AUE<br>AISO FL.32   | Change  S & O  Change                                 | Addition See   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE  | OFFICERS AND DI SSVD MAGUIRE, WALTER 2024 WIND TRACE S. NAVARRE FL 32566 PSD PURCELL, BEATIE 204 HOOD AVENUE FORT-WALTON FL-32548  | RECTORS  Delete                                       | 11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | ADDITIONS/CHAP<br>P<br>JEAN ME<br>253 MIS:<br>VALPARA<br>VP<br>WALTER<br>2024 W<br>NAVARE                                      | MAGES TO OFFICERS AND D.  FOLDRICK SISSIPPI AVE AISO FL32  MAGUILE INO FRACE EFFE. 32  | Change  S & O  Change                                 | Addition 8   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP  | OFFICERS AND DI SSVD MAGUIRE, WALTER 2024 WIND TRACE S. NAVARRE FL 32566 PSD PURCELL, BEATIE 204 HOOD AVENUE FORT-WALTON: FL=32548 TD CLANCY, MARY E.  | RECTORS  March Delete                                 | 11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | ADDITIONS/CHAP<br>P<br>JEAN ME<br>253 MIS:<br>VALPARA<br>VALPARA<br>VALTER<br>2024 W<br>NAVARA<br>RS                           | MAGES TO OFFICERS AND DE<br>FOLDRICK<br>SISSIPPI AVE<br>AISO FL.32<br>MACUILE<br>INO TRACE<br>EFFE. 32   | Change  S & O  Change  Change                         | Addition See   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME   | OFFICERS AND DI SSVD MAGUIRE, WALTER 2024 WIND TRACE S. NAVARRE FL 32566 PSD PURCELL, BEATIE 204 HOOD AVENUE FORT-WALTON FL 32548 TD CLANCY, MARY E. 209 HAWTHORNE CIRCLE  | RECTORS  March Delete                                 | 11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | ADDITIONS/CHAPPER ALPARA VALPARA VALPARA VALPARA VALVARA ZOZU W NAVARA R.3 JUHN 943D   | MAGES TO OFFICERS AND DE<br>FOLDRICK<br>SISSIPPI AUE<br>AISO FL.32<br>MACUILE<br>INO TRACE<br>EFFE. 32<br>IANORA<br>ASHLEY LN.   | Change  S & O  Change  Change  Change                 | Addition  Addition  Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY_ST_ZIP_ TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DI SSVD MAGUIRE, WALTER 2024 WIND TRACE S. NAVARRE FL 32566 PSD PURCELL, BEATIE 204 HOOD AVENUE FORT-WALTON FL 32548 TD CLANCY, MARY E. 209 HAWTHORNE CIRCLE FORT WALTON BEACH FL   | Delete  | 11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | ADDITIONS/CHAPPER JEAN ME ( 253 MIS: VALPARI VP WALTER 2024 W NAVARE R.3 JUHN 943D FT.WAL                                      | MAGES TO OFFICERS AND DE<br>FOLDRICK<br>SISSIPPI AVE<br>AISO FL.32<br>MAGUILE<br>INO TRACE<br>FE. 32<br>IANORA<br>ASHLEY LN.<br>LTON BCH F   | Change  S & O  Change  Change  Change                 | Addition  Addition  Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS  | OFFICERS AND DI SSVD MAGUIRE, WALTER 2024 WIND TRACE S. NAVARRE FL 32566 PSD PURCELL, BEATIE 204 HOOD AVENUE FORT-WALTON FL-32548 TD CLANCY, MARY E. 209 HAWTHORNE CIRCLE FORT WALTON BEACH FL   | RECTORS  March Delete                                 | 11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | ADDITIONS/CHAPPER JEAN ME ( 253 MIS: VALPARI VP WALTER 2024 W NAVARE R.3 JUHN 943D FT.WAL                                      | MAGES TO OFFICERS AND DE<br>FOLDRICK<br>SISSIPPI AVE<br>AISO FL.32<br>MAGUILE<br>INO TRACE<br>FE. 32<br>IANORA<br>ASHLEY LN.<br>LTON BCH F   | Change  S & O  Change  Change  Change                 | Addition  Addition  Addition  Addition                     |
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 850-

SIGNATURE: MERMATERICASOLUREIMARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.2000

862-357 Daytime Phone ≠