

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

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 CULTURAL SOCIETY OF FORT W

Principal Place of Business

Mailing Address

209 HAWTHORNE CIR.
 FT. WALTON BCH FL 32547
 US

209 HAWTHORNE CIR.
 FT. WALTON BCH FL 32547-3707
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3177812

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLANCY, MARY E.
209 HAWTHORNE CIRCLE
FT. WALTON BEACH FL 32547

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

MARY E. CLANCY
 (NOTE: Registered Agent signature required when reinstating)

1-21-2000
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVD MAGUIRE, WALTER 2024 WIND TRACE S. NAVARRE FL 32566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PURCELL, BEATIE 204 HOOD AVENUE FORT WALTON FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLANCY, MARY E. 209 HAWTHORNE CIRCLE FORT WALTON BEACH FL	<input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURCELL BEATIE 204 HOOD AVE. FT. WALTON BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MACGROGAN, RAY 806 PINE ST. DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN MEGOLDRICK 253 MISSISSIPPI AVE VALPARAISO FL 32580	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTER MAGUIRE 2024 WIND TRACE NAVARRE FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R.S. JOHN YANORA 943D ASHLEY LN. FT. WALTON BCH FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPLAIN JAMES BUTLER 502 VINCENT AVE FT. WALTON BCH. 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERGEANT-AT-ARMS DOUGLAS STONE 1405 SCOTT ST. NICEVILLE FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE:

MARY E. CLANCY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000 862-3572
 Date Daytime Phone #

CR2E037 (9/99)