

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90602 023 \*\*\*\*61.25

**DOCUMENT # 770381**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARY E. CLANCY  
Signature, typed or printed name of registered agent and title if applicable.

PRES.

(NOTE: Registered Agent signature required when reinstating)

4/15/2003  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
NAME **PURCELL, BEATTIE**  
STREET ADDRESS **204 HOOD AVE**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **P** ☒ Change ☐ Addition  
NAME **MARY E. CLANCY**  
STREET ADDRESS **209 HAWTHORNE CIR**  
CITY-ST-ZIP **FT. WALTON BCH FL 32547**

TITLE **PS** ☐ Delete  
NAME **MAGUIRE, WALTER**  
STREET ADDRESS **2024 WIND TRACE**  
CITY-ST-ZIP **NAVARRE FL 32561**

TITLE **V.P.** ☐ Change ☒ Addition  
NAME **JEAN MEGOLDRICK**  
STREET ADDRESS **253 MISSISSIPPI AVE.**  
CITY-ST-ZIP **VALP. FL. 32580**

TITLE **CD** ☐ Delete  
NAME **BUTLER, JAMES**  
STREET ADDRESS **502 VINCENT AVE**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **SIT** ☒ Change ☐ Addition  
NAME **WALTER MAGUIRE**  
STREET ADDRESS **2068 WIND TRACE R.D.S.**  
CITY-ST-ZIP **NAVARRE FL. 32566**

TITLE **TD** ☐ Delete  
NAME **CLANCY, MARY E**  
STREET ADDRESS **209 HAWTHORNE CIR.**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **PRESS SID.** ☐ Change ☐ Addition  
NAME **BEATTIE PURCELL**  
STREET ADDRESS **204 HOOD AVE**  
CITY-ST-ZIP **FT. WALTON BCH F. 32548**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
NAME **PATRICIA BUTLER**  
STREET ADDRESS **502 VINCENT AVE**  
CITY-ST-ZIP **FT. WALTON BCH FL 32547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
NAME **DAVE BUTLER**  
STREET ADDRESS **502 VINCENT AVE**  
CITY-ST-ZIP **FT. WALTON BCH FL 32547**

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

CR2E037 (10/02)