## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002501

FILED Apr 24, 2006 Secretary of State

Entity Name: IRISH AMERICAN CLUB OF LEE COUNTY, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	NITA AVE. ERS, FL 33908				
Current M	ailing Address:		New Mailing A	address:	
	FICE BOX 61015 S, FL 33919				
FEI Number:	65-1097848	FEI Number Applied For()	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )	
Name and	Address of Cui	rent Registered Agent:	Name and Add	Iress of New Registered Agent:	
1905 NE 3	.Y, THOMAS RD CT RAL, FL 33909	US			
	named entity sub e of Florida.	omits this statement for the pu	rpose of changing its re	gistered office or registered agent, or both,	
SIGNATUI					
	Electronic	Signature of Registered Ager	t	Date	
OFFICER	S AND DIRECTO	PRS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS	
Title:	VP () De	elete	Title: VP	(V) Change ( ) Addition	
Address:	MAPLES, PAULA 14910 CALEB DR FORT MYERS, FL		Name: RO Address: 483	(X) Change ( ) Addition DGERS, JIMMY IO LAUREL LANE RT MYERS, FL 33908	
Address: City-St-Zip: Title: Name: Address:	MAPLES, PAÙĹA 14910 CALEB DR	33908 elete	Name: RO Address: 483	DGERS, JIMMY 0 LAUREL LANE	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MAPLES, PAULA 14910 CALEB DR FORT MYERS, FL  T () De GRIFFIN, LAURA 1905 NE 3RD CT	33908 elete 33909 elete NE R.	Name: RO Address: 483 City-St-Zip: FOI Title: Name: Address:	DGERS, JIMMY 10 LAUREL LANE RT MYERS, FL 33908	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MAPLES, PAULA 14910 CALEB DR FORT MYERS, FL  T () DE GRIFFIN, LAURA 1905 NE 3RD CT CAPE CORAL, FL  T () DE BRADY, CATHERII 145 LAKESIDE CII	33908 elete 33909 elete NE R. ERS, FL 33903	Name: ROI Address: 483 City-St-Zip: FOI Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DGERS, JIMMY 10 LAUREL LANE RT MYERS, FL 33908  ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Oity-St-Zip:	MAPLES, PAULA 14910 CALEB DR FORT MYERS, FL  T () DE GRIFFIN, LAURA 1905 NE 3RD CT CAPE CORAL, FL  T () DE BRADY, CATHERI 145 LAKESIDE CI NORTH FORT MYI  T () DE SMITH, JIM 1333 SE 40TH TEI	33908 elete 33909 elete NE R. ERS, FL 33903 elete RRACE 2-G	Name: ROI Address: 483 City-St-Zip: FOI  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	DGERS, JIMMY 10 LAUREL LANE RT MYERS, FL 33908  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY RODGERS VP 04/24/2006