

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 003 ****61.25

DOCUMENT # N04000001405

1. Entity Name
 IRISH AMERICAN SOCIETY OF COUNTY MONROE, INC.



Principal Place of Business
 111 HIBISCUS DR
 KEY LARGO, FL 33037

Mailing Address
 111 HIBISCUS DR
 KEY LARGO, FL 33037



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08012006 Chg-NP CR2E037 (4/06)

City & State
 City & State

Zip Country Zip Country

4. -FBI Number: 34-1982831 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 MCGUIRE, DIANE M
 99551 OVERSEAS HWY
 STE 200
 KEY LARGO, FL 33037

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, NORMAN P		NAME		
STREET ADDRESS	P O BOX 672		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, BEVERLY J		NAME		
STREET ADDRESS	233 BUTTONWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, DIANE M		NAME		
STREET ADDRESS	P O BOX 1062		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Norman Higgins Norman Higgins 8/2/06 (305) 451-7248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #