

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 034 ****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**



04172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1982831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCGUIRE, DIANE M
99551 OVERSEAS HWY
STE 200
KEY LARGO, FL 33037**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIGGINS, NORMAN P
P O BOX 672
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIDDLETON, BEVERLY J
233 BUTTONWOOD DR
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGUIRE, DIANE M
P O BOX 1062
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 P. Higgins Norman P. Higgins 4/19/07 1-305-451-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #