

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007910

FILED
Nov 01, 2009
Secretary of State

Entity Name: CELTIC HERITAGE SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

8551 HANDCART ROAD
ZEPHYRHILLS, FL 33544 US

New Principal Place of Business:

8551 HANDCART ROAD
ZEPHYRHILLS, FL 33545 US

Current Mailing Address:

8551 HANDCART ROAD
ZEPHYRHILLS, FL 33544 US

New Mailing Address:

8551 HANDCART ROAD
ZEPHYRHILLS, FL 33545 US

FEI Number: 20-2131842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERNEELS, STEVEN D
8551 HANDCART RD
ZEPHYRHILLS, FL 33544 US

Name and Address of New Registered Agent:

SERNEELS, STEVEN D
8551 HANDCART RD
ZEPHYRHILLS, FL 33545 US

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: STEVEN D SERNEELS

11/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SERNEELS, STEVEN D
Address: 8551 HANDCART RD
City-St-Zip: ZEPHYRHILLS, FL 33544 US

Title: D () Delete
Name: SIERRA, GINO
Address: 6412 ROCKPOINTE DRIVE
City-St-Zip: TAMPA, FL 33634 US

Title: S/T () Delete
Name: SERNEELS, JULIE A
Address: 8551 HANDCART RD
City-St-Zip: ZEPHYRHILLS, FL 33544 US

Title: D () Delete
Name: SERNEELS, JOAN E
Address: 4545 DEBBIE LANE
City-St-Zip: LUTZ, FL 33559 US

Title: D () Delete
Name: KAMAN, ANNETTE E
Address: 26646 MAGNOLIA BLVD.
City-St-Zip: LUTZ, FL 33559 US

Title: VP () Delete
Name: SERNEELS, DAVID J
Address: 4545 DEBBIE LANE
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SERNEELS, STEVEN D
Address: 8551 HANDCART RD
City-St-Zip: ZEPHYRHILLS, FL 33545 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: SERNEELS, JULIE A
Address: 8551 HANDCART RD
City-St-Zip: ZEPHYRHILLS, FL 33545 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN D SERNEELS

PRES

11/01/2009

Electronic Signature of Signing Officer or Director

Date