2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008188

FILED Jul 11, 2005 8:00 am Secretary of State

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	IRISH PE	ACE INS	STITUTE FOUNDATI	ION IN	C.									
4775 COLLINS AVENUE APT. 3204 47				4775	iailing Address 1775 COLLINS AVENUE APT, 3204 MAMI BEACH, FL 33140				20062279					
	-													
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.					07072005	Chg-NP		CR2E	37 (10/03)	
City & State			City & State					4. FEI Numbe	16-1	714	264	e A	oplied For	
ŀ	Zip		Country	Zip	14	Cou	untry		5. Certificate				\$8.75 Ad	ditional
	6. Name and Address of Current Registered Agent							7. Name and	Address of	New Re	gistered	Agent		
Ì	MCCORMI		/ARD J SR.ESQ.				Name K	CAT	HLEEI	/				PCHT
l	111 SW 3F	RD STREE						dress (f	P.O. Box Numbe	r is Not Acc	eptable))		
İ	MIAMI, FL	33130						Co	LLINS	AVE	Nui	C A	Hr. 32	204
							City H/	City MIAMIBEACH FL 33140						
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			ty submits this statement for t	the purpo	se of changing its	register								
	the obligati	ions of regis	tered agent.			_	ed office or re	egister	ed agent, or both	h, in the Stat	e of Flor	rida. Iam	n familiar with,	and accept
	the obligati	ions of regis	tered agent.	Sch	macat	Okes	ed office or re	egister	ed agent, or both	h, in the Stat	e of Flor	rida. Iam	n familiar with,	and accept
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12. 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: .

TITLE

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Kaltlem Folia Schmart President signature and types on printed make of signing officer on director

☐ Detete

Delete

7/7/2015 (305)532 836.

Change

☐ Change

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Addition