

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-11-2005 90116 022 \*\*\*\*61.25

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<b>DOCUMENT # N04000008188</b> 1. Entity Name IRISH PEACE INSTITUTE FOUNDATION INC.					
Principal Place of Business 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140			Mailing Address 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent MCCORMICK, EDWARD J SR.ESQ. 111 SW 3RD STREET PH MIAMI, FL 33130				7. Name and Address of New Registered Agent Name <b>KATHLEEN FOLEY SCHMACKT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4775 COLLINS AVENUE APT. 3204</b> City <b>MIAMI BEACH</b> FL Zip Code <b>33140</b>	
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 <u>Kathleen Foley Schmact President KATHLEEN FOLEY SCHMACKT</u> 7/7/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHMACKT, KATHLEEN FOLEY 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DOAN, JAMES DR. 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHMACKT, HANS 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MCMORMICK, EDWARD J SR. 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I 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.					
<b>SIGNATURE:</b> <u>Kathleen Foley Schmact President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/7/2005</u> (305) 532 8363 <small>Daytime Phone #</small>	