


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008188	
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
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 16-1714264	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOLEY SCHMACHT, KATHLEEN 4775 COLLINS AVENUE, APT. 3204 MIAMI BEACH, FL 33140

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMACHT, KATHLEEN FOLEY 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOAN, JAMES DR. 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMACHT, HANS 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCMCORMICK, EDWARD J SR. 4775 COLLINS AVENUE APT. 3204 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000455840
03/16/06-80004-017 61.25

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:  E. J. McCormick	Sum of 305-358-5000X10
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>