

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90036 005 ****61.25

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



2. Principal Place of Business - No P.O. Box #

111 S.W. 3 STREET.

Suite, Apt. #, etc.

PENTHOUSE.

3. Mailing Address

SEE SAME

Suite, Apt. #, etc.

SAME

01222007 Chg-NP CR2E037 (12/06)

City & State

MIAMI, FLORIDA.

City & State

SAME

4. FEI Number
16-1714264

Applied For

Not Applicable

Zip

33130

Country

USA.

Zip

SAME

Country

SAME.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLEY SCHMACHT, KATHLEEN
4775 COLLINS AVENUE, APT. 3204
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
EDWARD J. MCCORMICK.

Street Address (P.O. Box Number is Not Acceptable)
111 S.W. 3 STREET.

PENTHOUSE.

City

MIAMI

FL

Zip Code

33130.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCHMACHT, KATHLEEN FOLEY
4775 COLLINS AVENUE APT. 3204
MIAMI BEACH, FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DOAN, JAMES DR.
4775 COLLINS AVENUE APT. 3204
MIAMI BEACH, FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SCHMACHT, HANS
4775 COLLINS AVENUE APT. 3204
MIAMI BEACH, FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MCMCORMICK, EDWARD J SR.
4775 COLLINS AVENUE APT. 3204
MIAMI BEACH, FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
KERR, MARYANN.
111 S.W. 3 STREET, PENTHOUSE.
MIAMI, FL. 33130. ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT & DIRECTOR
EDWARD J. MCCORMICK.
111 S.W. 3 STREET, PENTHOUSE.
MIAMI, FL. 33130. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

E. J. McCormick 304401 805-358-8600