

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004557

FILED
May 11, 2010
Secretary of State

Entity Name: UNITED IRISH OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4830 LAUREL LANE
FT. MYERS, FL 33908

New Principal Place of Business:

4830 LAUREL LANE
FT. MYERS, FL 33908 US

Current Mailing Address:

4830 LAUREL LANE
FT. MYERS, FL 33908

New Mailing Address:

P. O. BOX 61015
FT. MYERS, FL 33906 US

FEI Number: 20-2892196 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RODGERS, JIMMY
4830 LAUREL LN
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHAMBERS, WILLIAMS
Address: 1227 HAZELTINE DR
City-St-Zip: FT. MYERS, FL 33919 US

Title: VP
Name: GRIFFIN, LAURA
Address: 1905 NE 3RD COURT
City-St-Zip: CAPE CORAL, FL 33909 US

Title: T
Name: GILMORE, BEVERLY
Address: 16731 JUANITA AVE
City-St-Zip: FT. MYERS, FL 33908 US

Title: S
Name: MCAFEE, RUTH ANN
Address: 1735 SE 41ST STRET
City-St-Zip: CAPE CORAL, FL 33904 US

Title: BOAR
Name: SMITH, JIMMY
Address: 1333 SE 40TH TERRACE #2C
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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 all other like empowered.

SIGNATURE: BEVERLY M GILMORE

T

05/11/2010

Electronic Signature of Signing Officer or Director

Date