


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90104 011 ****61.25

DOCUMENT # N05000006369 1. Entity Name MACGEOGHEGAN FAMILY SOCIETY INCORPORATED					
Principal Place of Business 2646 EMERALD WAY DEERFIELD BEACH, FL 33442			Mailing Address 2646 EMERALD WAY DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3230379	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GEOGHEGAN, JAMES 2646 EMERALD WAY DEERFIELD BEACH, FL 33442				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEOGHEGAN, JAMES	NAME			
STREET ADDRESS	2646 EMERALD WAY	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDONALD, CAROLANNE	NAME			
STREET ADDRESS	801 NW 70 WAY	STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP			
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIRKBECK, JOSEPHINE	NAME			
STREET ADDRESS	330 DERHAM RD.	STREET ADDRESS			
CITY-ST-ZIP	NORWICH, NORFOLK, ENGLAND,	CITY-ST-ZIP			
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLETT, BETT	NAME			
STREET ADDRESS	48 NE 19TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP			
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEOGHEGAN CUAN, EDDIE	NAME			
STREET ADDRESS	FEAMURE, KILTOON	STREET ADDRESS			
CITY-ST-ZIP	ATHLONE, IRELAND,	CITY-ST-ZIP			
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEOGHEGAN, SIDNEY	NAME			
STREET ADDRESS	34 WESTBOURNE RD.	STREET ADDRESS			
CITY-ST-ZIP	BIRKDALE, SOUTHPORT, ENGLAND,	CITY-ST-ZIP			
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: <i>Carolanne McDonald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-12-2008		Daytime Phone # 954-971-0859	