## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N18989

Corporation Name

IRISH CULTURAL INSTITUTE OF FLORIDA, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business							
650 E SAMPLE ROAD POMPANO BEACH FL 33064							
US							

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zip

Mailing Address 7707 NW 82 TER

7707 NW 82 TER PARKLAND FL 33067 US

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

## FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90032 028 \*\*\*\*61.25

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/28/1987

59-2780031

4. FEI Number

12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE					Name	Name				
PARKLAND FL 33067    Same   Sa				82	Street Address (P.O. Box Number is Not Acceptable)					
PARKLAND FL 33067  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered signal or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered; agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    22		· - · · · · · · · · · · · · · · · ·		83						
11. Pursuant to the provisions of Sections 617,0502 and 617,1506, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered; agent, 1 am familiar with, and accept the obligations of, Section 617,0903, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered; agent, 1 am familiar with, and accept the obligations of, Section 617,0903, Florids Statutes, agent agent and the # apprication. (NOTE: Registered Agent agentus required when reinstating)  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  17. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. T	PARKLAND FL 33067			00		<u> </u>				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment is registered; agent, 1 and accept the obligations of Section 617.4509, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  O'DWYER, RORY  12. ANAME  13. STREET ADDRESS  O'TY NW 82ND TERR  13. STREET ADDRESS  O'TY NW 82ND TERR  14. STREET ADDRESS  O'TY NW 82ND TERR  14. STREET ADDRESS  O'TY ST. ZP  PARKLAND FL  SID OLETE  21. TITLE  D'Change   Addition  WALSHE, MICHAEL  22. NAME  23. STREET ADDRESS  O'TY ST. ZP  U'D  WALSHE, MICHAEL  D'BLETE  13. TITLE    Change   Addition  Addition  WALSHE, MICHAEL  23. NAME  34. STREET ADDRESS  O'TY ST. ZP  TITLE    DELETE  41. TITLE    Change   Addition  WALSHE, MICHAEL  34. STREET ADDRESS  O'TY ST. ZP  TITLE    DELETE  41. TITLE    Change   Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				84	City		85 Zip C	ode		
office or registered agent, or both, in the State of Prioridas State name of agent to an accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printer rame of registered agent and time if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  Signature, typed or printer rame of registered agent and time if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  ITILE  D'UWYER, RORY  7707 NW 82ND TERR  1.3 STREET ADDRESS  STREET ADDRESS  GTY-51-2P  PARKLAND FL  SIGNATURE  SIGNATURE  SIGNATURE  1.3 STREET ADDRESS  GTY-51-2P  PARKLAND FL  1.4 ITILE  DELETE  2.1 NAME  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  GTY-51-2P  VD  QL DELETE  3.3 TITLE  QC hange  Addition  Addition  WALSHE, MICHAEL  918 SOUTH OCEAN BLVD  DELRY BCH FL  DELETE  4.1 TITLE  QC hange  Addition  DELETE  4.1 TITLE  QC hange  Addition  Addition  DELETE  5.3 TITLE  QC hange  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Change  Addition  Change  Change  Change  Change  Change  Addition  Change  Ch	555 <u>5</u>							registered		
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE	- affice or c	adiatored agent or both in the State of Florida SUCD CHANGE Was	aumonzec	ועטו	ine wire					
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE	SIGNATURE	NO	TF: Registered	Agent	sionature n	equired when reinstating) DATE				
TITLE PD O'DWYER, RORY O'DWYER, RORY 12 NAME STREET ADDRESS OTY-ST-ZP PARK LAND FL 1.3 STREET ADDRESS 1.3 STREET ADDRESS PARK LAND FL 1.4 CITY-ST-ZIP Change Addition  SD DELETE 2.1 TITLE Change Addition  SMITH, MARIE 22 NAME 120	13	Signature, typed of printed haring of registated agent				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
NAME ODWYER, RORY 7707 NW 82ND TERR 7707 NW 82ND TERR 1.3 STREET ADDRESS PARKLAND FL SD OBLETE 2.1 TITLE SD NAME SMITH, MARIE 12015 GRIFFIN BLVD. 2.3 STREET ADDRESS 12015 GRIFFIN BLVD. BISCAYNE PARK FL VD NAME STREET ADDRESS OTY-51-ZP WALSHE, MICHAEL 918 SOUTH OCEAN BLVD OELETE 1.1 TITLE NAME STREET ADDRESS OTY-51-ZP 1.2 NAME NAME STREET ADDRESS OTY-51-ZP 1.3 STREET ADDRESS OTY-51-ZP 1.4 TITLE NAME STREET ADDRESS OTY-51-ZP 1.5 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS OTY-51-ZP 1.5 TITLE NAME STREET ADDRESS OTY-51-ZP 1.5 TITLE NAME STREET ADDRESS OTY-51-ZP 1.5 TITLE NAME STREET ADDRESS SEARCH S			1,1 TI	TLE	-	43 / 10 10 10 10 10 10 10 10 10 10 10 10 10	Change	☐ Addition		
TOTO THE SO DELETE 1.3 STREET ADDRESS TREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		\ <del>' -</del>	12 N/	ME			, `			
SINCET ADDRESS CITY-ST-ZIP TITLE  SD DELETE 21 TITLE SD DELETE 21 TITLE SD DELETE 21 TITLE SITRET ADDRESS STREET ADDRESS STREE		THOS ARE COMO TERR			ADDRESS					
TITLE SD DELETE 21 TITLE CHange Addition  NAME SMITH, MARIE  STREET ADDRESS  12015 GRIFFIN BLVD.  GTY-ST-ZIP  BISCAYNE PARK FL  VD D DELETE 31 TITLE  WALSHE, MICHAEL  918 SOUTH OCEAN BLVD  31 STREET ADDRESS  GTY-ST-ZIP  DELAY BCH FL  DELETE 41 TITLE  42 NAME  43 STREET ADDRESS  GTY-ST-ZIP  TITLE  DELETE 51 TITLE  MAME  STREET ADDRESS  GTY-ST-ZIP  TITLE  DELETE 51 TITLE  STREET ADDRESS  GTY-ST-ZIP  TITLE  MAME  53 STREET ADDRESS  54 CITY-ST-ZIP  TITLE  MAME  54 STREET ADDRESS  55 CITY-ST-ZIP  TITLE  MAME  55 STREET ADDRESS  56 CITY-ST-ZIP  TITLE  MAME  57 STREET ADDRESS  58 CITY-ST-ZIP  TITLE  MAME  58 STREET ADDRESS  59 CITY-ST-ZIP  TITLE  MAME  59 STREET ADDRESS  50 CITY-ST-ZIP  TITLE  MAME  51 STREET ADDRESS  54 CITY-ST-ZIP  TITLE  MAME  55 NAME  56 STREET ADDRESS  56 CITY-ST-ZIP  TITLE  MAME  57 NAME  58 STREET ADDRESS  58 CITY-ST-ZIP  TITLE  MAME  58 STREET ADDRESS  59 CITY-ST-ZIP  MAME  59 STREET ADDRESS  50 CITY-ST-ZIP  MAME  50 STREET ADDRESS  50 CITY-ST-ZIP  MAME  51 STREET ADDRESS  54 CITY-ST-ZIP  TITLE  MAME  55 NAME  56 CITY-ST-ZIP  MAME  57 NAME  57 NAME  58 STREET ADDRESS  58 CITY-ST-ZIP  MAME  MAM						·	•			
SMITH, MARIE STREET ADDRESS 12015 GRIFFIN BLVD. BISCAYNE PARK FL  TITLE VD DELETE 31 TITLE WALSHE, MICHAEL 918 SOUTH OCEAN BLVD 33 STREET ADDRESS DELRAY BCH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 1 TITLE NAME 1 STREET ADDRESS CITY-ST-ZIP DELETE 1 STREET ADDRESS CITY-ST-ZIP TITLE NAME 1 STREET ADDRESS CITY-ST-ZIP DELETE 1 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS S				_	-ZIF		☐ Change	☐ Addition		
STREET ADDRESS 12015 GRIFFIN BLVD. 12015 GRIFF										
SINCET ADDRESS CITY-ST-ZIP    SISCAYNE PARK FL		ARRAE ODICTIN DINO			ADDDECC					
TITLE VD GRANGE WALSHE, MICHAEL 32 NAME STREET ADDRESS 918 SOUTH OCEAN BLVD 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE	STREET ADDRESS									
WALSHE, MICHAEL  918 SOUTH OCEAN BLVD  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  DELETE  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  S.3 STREET ADDRESS	CITY-ST-ZIP				1-212		☐ Change	Addition		
STREET ADDRESS 918 SOUTH OCEAN BLVD DELRAY BCH FL  3.3 STREET ADDRESS CITY-ST-ZIP  NAME  1.4 CITY-ST-ZIP  DELETE  3.4 CITY-ST-ZIP  Addition  1.5 TITLE  NAME  5.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  6.3 STREET ADDRESS CITY-ST-ZIP  1.4 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  1.4 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 I am an										
CITY-ST-ZIP  DELRAY BCH FL  3.4. CITY-ST-ZIP  TITLE  NAME  4. 2 NAME  5. 3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  1.4 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information  14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information  14. I hereby certify that the information stated in Section 119.07(3)(ii), Florida Statules. I further certify that I am an an answer to ever the exemption stated in Section 119.07(3)(ii), Florida Statules. I further certify that I am an answer the exemption stated in Section 119.07(3)(ii), Florida Statules. I further certify that I am an answer that I am an answer the exemption stated in Section 119.07(3)(ii), Florida Statules. I further certify that I am an answer that I am answer the exemption stated in Section 119.07(3)(ii).		ALC COLUMN COCKNI DIVID	I		ADDDEDE					
TITLE  NAME  Addition  STREET ADDRESS  CITY-ST-ZIP  DELETE  A1 TITLE  A3 STREET ADDRESS  4.4 CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.4 CITY-ST-ZIP  DELETE  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  1.4 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  1.4 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  1.4 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an	STREET ADDRESS									
A 2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  S.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  8.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.3 STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  1.4 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  1.4 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  1.4 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 I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes if made under cath; that I am an exemption stated in Section 119.07(3)(ii) is	CITY-ST-ZIP				T-ZIP		Change	Addition		
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  AME  STREET ADDRESS  5.4 CITY-ST-ZIP  Change  Addition	TITLE	] DELETE					,	_		
At CITY-ST-ZIP    At CITY-ST-ZIP	NAME									
TITLE S.1 TITLE S.2 NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.1 TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 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  1.4 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  1.4 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 I am an	STREET ADDRESS						当点出榜。提			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE S.3 STREET ADDRESS S4 CITY-ST-ZIP  Change Addition AME STREET ADDRESS CITY-ST-ZIP  6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP  14. 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 14. 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 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an	CiTY-ST-ZIP	Contra			r-ZIP	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	☐ Change	Addition		
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  6.3 STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  14. 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  14. 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 and that my signature shall have the same legal effect as if made under oath; that I am an	TITLE	DELESE	1			·	<u></u>			
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  14. 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  14. 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 and that my signature shall have the same legal effect as if made under oath; that I am an	NAME									
CITY-ST-ZIP  TITLE  NAME  6.1 TITLE  6.1 TITLE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an	STREET ADDRESS					the state of the s				
NAME  STREET ADDRESS  CITY- ST-ZIP  14. 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 and 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 and that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information and that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information and the same legal effect as if made under oath; that I am an an information supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with the information and the same legal effect as if made under oath; that I am an information are supplied with this filing does not qualify for the exemption supplied with the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the same legal effect as if made under oath the s	CITY-ST-ZIP	-			T-ZIP		☐ Change	☐ Addition		
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under path; that I am an	TITLE	DELETE				to a	Criange			
6.4 CITY-ST-ZIP  14. 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 11. I hereby certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an	NAME		1							
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	STREET ADDRESS									
	CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				1 0 0 07(0)() Flydd Children 15 th	artifu that the i	nformation		
indicated on this annual report of syppiemental annual report is true and accurate and inacting signature shall have to an above the state of the corporation of the receiver of the system of the sys										

Country

30