


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18989</b> 1. Entity Name IRISH CULTURAL INSTITUTE OF FLORIDA, INC.	
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Principal Place of Business 1939 WEST COPANS ROAD POMPANO BEACH, FL 33064 US	Mailing Address 7707 NW 82 TER PARKLAND, FL 33067 US
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**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2780031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
O'DWYER, RORY  
7707 NW 82 TERRACE  
PARKLAND, FL 33067

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	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	PD O'DWYER, RORY 7707 NW 82ND TERR PARKLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MARIE 12015 GRIFFIN BLVD. BISCAYNE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSHE, MICHAEL 918 SOUTH OCEAN BLVD DELRAY BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000208555  
02/01/05-80091-011 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rory O'Dwyer President 1/26/05 954 846-1093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone