


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 15, 2006 8:00 am**  
**Secretary of State**

09-15-2006 90001 020 \*\*\*\*61.25

<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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1939 W. Copans Rd
City & State	City & State Pompano Beach FL
Zip	Country
33064	Broward



09052006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent O'DWYER, RORY 7707 NW 82 TERRACE PARKLAND, FL 33067	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-appointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 15, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'DWYER, RORY 7707 NW 82ND TERR PARKLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, MARIE 12015 GRIFFIN BLVD. BISCAYNE PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALSHE, MICHAEL 918 SOUTH OCEAN BLVD DELRAY BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Sheila HYNES 1939 W. Copans Rd Pompano Beach FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Sheila Hynes Sheila Hynes 9/14/06 9549461093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #