

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18989

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** IRISH CULTURAL INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

1939 WEST COPANS ROAD  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

1520 S. POWERLINE ROAD  
SUITE C  
DEERFIELD BEACH, FL 33442 US

**Current Mailing Address:**

1939 WEST COPANS ROAD  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

1520 S. POWERLINE ROAD  
SUITE C  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 59-2780031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREGOIRE, NANCY W  
4166 NW 65 AVE  
CORAL SPRINGS, FL 33067 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: PD  
Name: GREGOIRE, NANCY W  
Address: 4166 NW 65 AVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD  
Name: SMITH, MARIE  
Address: 12015 GRIFFIN BLVD.  
City-St-Zip: BISCAYNE PARK, FL

Title: SD  
Name: HYNES, SHEILA  
Address: 1520 S. POWERLINE ROAD, SUITE C  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: NANCY W. GREGOIRE

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date