

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21691</b> 1. Entity Name <b>IRISH-AMERICAN CLUB OF CHARLOTTE COUNTY, INC.</b>			
Principal Place of Business <b>C/O JOSEPH L. CURRIER 537 CHAMBER ST PORT CHARLOTTE, FL 33948</b>		Mailing Address <b>23189 GOLDCOAST AVE PORT CHARLOTTE, FL 33980</b>	
<div style="float: right; text-align: right;">             02252006 No Chg-NP      CR2E037 (11/05)         </div>			
4. FEI Number <b>59-2818351</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CURRIER, JOSEPH 23189 GOLDCOAST AVE. PORT CHARLOTTE, FL 33980</b>			
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 reissuing)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1000000448002 03/08/06-80078-024 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, JOSEPH 3872-B TAMiami TRAIL PORT CHARLOTTE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RICHARDS 18241 WOLDBRETTE CIRCLE PORT CHARLOTTE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURRIER, MARIE 23189 GOLDCOAST AVE. PT. CHARLOTTE, FL 33890		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRIER, JOSEPH 23189 GOLDCOAST AVE. PORT CHARLOTTE, FL 33980		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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.			
<b>SIGNATURE:</b> <u><i>Joseph Currier</i></u> <u>2/27/06</u> <u>941-629-5140</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>			