


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N21691 1. Entity Name IRISH-AMERICAN CLUB OF CHARLOTTE COUNTY, INC.	
--	---

Principal Place of Business C/O JOSEPH L. CURRIER 537 CHAMBER ST PORT CHARLOTTE, FL 33948	Mailing Address 23189 GOLDCOAST AVE PORT CHARLOTTE, FL 33980
---	--



03172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2818351	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 CURRIER, JOSEPH 23189 GOLDCOAST AVE. PORT CHARLOTTE, FL 33980	DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
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 WOLBRETTE 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000673041
03/29/07-80012-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: JOSEPH CURRIER *Joseph Currier* 3-17-07 941-629-5140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #