


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21691</b> 1. Entity Name IRISH-AMERICAN CLUB OF CHARLOTTE COUNTY, INC.	
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Principal Place of Business C/O JOSEPH L. CURRIER 537 CHAMBER ST PORT CHARLOTTE, FL 33948	Mailing Address 23189 COLD COAST AVE PORT CHARLOTTE, FL 33980
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**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2818351	Applied For 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 GOLD COAST AVE. PORT CHARLOTTE, FL 33980
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000822073 02/19/08-80051-024 61.25
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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 COLD COAST AVE. PT. CHARLOTTE, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CURRIER, JOSEPH 23189 GOLD COAST AVE. PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 L. CURRIER PRES. 2-5-08 941-629-5140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #