2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N21691

Entity Name: IRISH-AMERICAN CLUB OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

C/O JOSEPH L. CURRIER
537 CHAMBER ST
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

C/O JOSEPH L. CURRIER
23189 GOLDCOAST AVE
PORT CHARLOTTE, FL 33980

Current Mailing Address:

23189 COLDCOAST AVE
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 59-2818351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRIER, JOSEPH
23189 GOLDCOAST AVE.
PORT CHARLOTTE, FL 33980 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: D ( ) Delete
Name: O'CONNELL, JOSEPH
Address: 3872-B TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL

Title: D ( ) Delete
Name: PHILLIPS, RICHARDS
Address: 18241 WOLBRETTE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL

Title: T ( ) Delete
Name: CURRIER, MARIE
Address: 23189 COLDCOAST AVE.
City-St-Zip: PT. CHARLOTTE, FL 33890

Title: P ( ) Delete
Name: CURRIER, JOSEPH
Address: 23189 GOLDCOAST AVE.
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DUNNING, NORMAN J
Address: 1283 TIFT ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change ( ) Addition
Name: MAURICE, SAUNDERS
Address: 292 NORTHVIEW ST
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH L CURRIER PRES 01/15/2009
Electronic Signature of Signing Officer or Director — Date