

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38001 (6)

1. Corporation Name

IRISH AMERICAN CLUB OF NAPLES, INC.



Principal Place of Business

2396 FRANCIS AVE
P.O. BOX 485
NAPLES FL 33939-7485

Mailing Address

2396 FRANCIS AVE
P.O. BOX 485
NAPLES FL 33939-7485

3. Date Incorporated or Qualified
05/03/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

27 City & State

28 Zip

29 Country

4. FEI Number

65-0191945

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOYNT, MIKE
2047 HARBOR LN
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GLEESON, TERENCE
STREET ADDRESS 586 ROMA COURT
CITY-ST-ZIP NAPLES FL 33963 ☐ DELETE

TITLE VD
NAME DEMPSEY, JACK
STREET ADDRESS 7263 MILL POND CIRLCE
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

TITLE SD
NAME BOWERS, JOHN
STREET ADDRESS 5250 FOX HOLLOW DRIVE
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

TITLE D
NAME GLEASON, MARIE
STREET ADDRESS 4583 ASHTON CT
CITY-ST-ZIP NAPLES FL 33962 ☐ DELETE

TITLE TD
NAME KEOGH, DICK
STREET ADDRESS 1828 KINGS LAKE BLVD
CITY-ST-ZIP NAPLES FL 33962 ☐ DELETE

TITLE D
NAME ROWAN, EVERETT
STREET ADDRESS 4173 ROYAL WOOD BLVD
CITY-ST-ZIP NAPLES FL 33962 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME WARD, MIKE
1.3 STREET ADDRESS 7110 ISLE OF CAPRI RD.
1.4 CITY-ST-ZIP NAPLES FL 33961 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME JOYNT, MIKE
2.3 STREET ADDRESS 2047 HARBOR LN
2.4 CITY-ST-ZIP NAPLES FL 33942 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME MC MURROUGH
3.3 STREET ADDRESS 70 SUNNY AIRES, 6380 RADIO RD
3.4 CITY-ST-ZIP NAPLES, FL 33942 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terence M. Gleeson (TERENCE M. GLEESON 4/26/96 (941) 546 591-3447)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)