


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N38001 1. Entity Name IRISH AMERICAN CLUB OF NAPLES, INC.	
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Principal Place of Business 256 BALTUSROL DRIVE NAPLES, FL 34113	Mailing Address PO BOX 485-34106 NAPLES, FL 34112
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0191945	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 WARD, MICHAEL F 256 BALTUSROL DR NAPLES, FL 34113
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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 _____
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, 2005**

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	T MICHAEL, JOYNT R 2047 HARBOUR LN NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, MICHAEL F 256 BALTUSROL DR NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWERS, JOHN 5250 FOX HOLLOW DRIVE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACCHIA, LINDA 879 3RD ST S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEE, JOHN 13124 BALD CYPRESS LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GLEASON, MARIE 4563 ASHTON COURT NAPLES, FL 34112

U00000358464
05/04/05-80115-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael F Ward
MICHAEL F WARD

4/29/05 239-774
(880)