

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90151 005 ****61.25
 04-14-1999 90151 006 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38846
 1. Corporation Name
MID-FLORIDA IRISH CULTURAL SOCIETY, INC.

Principal Place of Business % JAMES P. FRENCH 301 SAND PINE ROAD INDIALANTIC FL 32903	Mailing Address % JAMES P. FRENCH 301 SAND PINE ROAD INDIALANTIC FL 32903
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2. Principal Place of Business 21 1518 WALDORF CIR. Suite, Apt. #, etc.	2a. Mailing Address 26 1518 WALDORF CIR Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/27/1990
22	27	4. FEI Number 59-3020680
23 City & State PALM BAY, FL	28 City & State PALM BAY, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32905	25 Country U.S.A.	29 Zip 32905
26 Country U.S.A.	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FRENCH, JAMES P 301 SAND PINE ROAD INDIALANTIC FL 32903	10. Name and Address of New Registered Agent 81 Name PATRICK J. MORIARTY 82 Street Address (P.O. Box Number is Not Acceptable) 1518 WALDORF CIR N.E. 83 84 City PALM BAY FL 85 Zip Code 32905
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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 *Patrick J. Moriarty* (Patrick J. Moriarty, Director) DATE *MAY 5, 1999*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRENCH, JAMES P		1.2 NAME SHOVLIN, AGNES	
STREET ADDRESS 301 SAND PINE ROAD		1.3 STREET ADDRESS 1692 AVERY ROAD	
CITY-ST-ZIP INDIANTLANTIC FL		1.4 CITY-ST-ZIP PALM BAY, FL 32905	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRENCH, AGNES		2.2 NAME	
STREET ADDRESS 301 SAND PINE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP INDIANTLANTIC FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORIARTY, PATRICK		3.2 NAME	
STREET ADDRESS WALDORF CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORIARTY, MAUREEN		4.2 NAME	
STREET ADDRESS WALDORF CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other lists empowered.

SIGNATURE: *Patrick J. Moriarty* DATE: *MAY 5, 1999* DAYTIME PHONE #: *407-744-2338*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)