

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 # **N45258** (3)

1. Corporation Name

IRISH AMERICAN CULTURAL CENTER INC.

Principal Place of Business

**401 N. 44TH AVENUE
HOLLYWOOD FL 33021
US**

Mailing Address

**401 N. 44TH AVENUE
HOLLYWOOD FL 33021
US**



3. Date Incorporated or Qualified

09/23/1991

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0280019

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

10. Name and Address of New Registered Agent

**CURREN, JOHN
401 N. 44TH AVENUE
HOLLYWOOD FL 33021**

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 ☐ DELETE

NAME **VPS
DOWNS, JOHN**
STREET ADDRESS **1406 NE 15TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **TO
CONNELLY, WILL**
STREET ADDRESS **1048 49TH TERR**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **D
GAFFNEY, JEAN**
STREET ADDRESS **6840 SW 42 COURT**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME **D
GRACE, FR. GERALD**
STREET ADDRESS **10701 S. MILITARY TRAIL**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **D
HOLMES, DENIS**
STREET ADDRESS **3300 JAYWOOD TERRACE #J-219**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **P
CURREN, JOHN**
STREET ADDRESS **401 N 44 AVE**
CITY-ST-ZIP **HOLLYWOOD FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILL CONNELLY
WILL CONNELLY TREASURER

1/25/96 (954) 791-6833
Date Daytime Phone #

CR2E037 (12/95)