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Aug 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45258

1. Corporation Name
IRISH AMERICAN CENTER, INC.

606989 - 90015 - 22

Principal Place of Business	Mailing Address
401 N. 44TH AVENUE HOLLYWOOD FL 33021 US	401 N. 44TH AVENUE HOLLYWOOD FL 33021 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/23/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0280019 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	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 John Curren DATE
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	VPSD	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	DOWNS, JOHN		1.2 NAME	RORY NOLAN	
STREET ADDRESS	1406 NE 15TH ST.		1.3 STREET ADDRESS	5490 SW 55 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	DAVIE FL.	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONNELLY, WILL		2.2 NAME		
STREET ADDRESS	~~1046 49TH TERR~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRACE, FR. GERALD		3.2 NAME		
STREET ADDRESS	10701 S. MILITARY TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CURREN, JOHN		4.2 NAME		
STREET ADDRESS	401 N 44 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED Will Connelly 8/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Will CONNELLY (954)791-6185