

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90063 033 ****61.25

0043705

DOCUMENT # N46704

1. Corporation Name

ST. PATRICK'S G.A.A. FLORIDA, INC.

Principal Place of Business

6811 PARK ST
HOLLYWOOD FL 33024

Mailing Address

299 N.W. 11TH STREET
BOCA RATON FL 33432
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number

65-0309831

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

9. Name and Address of Current Registered Agent

HENDERSON, HARRY J
299 N.W. 11TH STREET
BOCA RATON FL 33432

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 D ☐ DELETE
NAME MCKENNA, LIAM
STREET ADDRESS 435 N.W. 136TH STREET
CITY-ST-ZIP N. MIAMI FL

TITLE D ☐ DELETE
NAME BARRETT, JOHN
STREET ADDRESS 3326 QUAIL CLOSE
CITY-ST-ZIP POMPANO BEACH FL

TITLE S ☐ DELETE
NAME HYNES, MARTIN
STREET ADDRESS 2352 N.W. 39TH AVENUE
CITY-ST-ZIP COCONUT CREEK FL

TITLE R ☐ DELETE
NAME WALSH, NOEL
STREET ADDRESS 3330 N.E. 14TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME HENDERSON, HARRY J
STREET ADDRESS 299 N.W. 11TH STREET
CITY-ST-ZIP BOCA RATON FL

TITLE AS ☐ DELETE
NAME BARRETT, JOHN
STREET ADDRESS 3326 QUAIL CLOSE
CITY-ST-ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 561-367-7770
Date Daytime Phone #

CR2E037 (1/98)