2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N46704

Entity Name: ST. PATRICK'S G.A.A. FLORIDA, INC.

Current Principal Place of Business:

6811 PARK ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0309831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCKENNA, LIAM	
Address:	435 N.W. 136TH STREET	
City-St-Zip:	N. MIAMI, FL	
Title:	D	( ) Delete
Name:	BARRETT, JOHN	
Address:	3326 QUAIL CLOSE	
City-St-Zip:	POMPANO BEACH, FL	
Title:	S	( ) Delete
Name:	HYNES, MARTIN	
Address:	2352 N.W. 39TH AVENUE	
City-St-Zip:	COCONUT CREEK, FL	
Title:	R	( ) Delete
Name:	WALSH, NOEL	
Address:	3330 N.E. 14TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL	
Title:	D	( ) Delete
Name:	HENDERSON, HARRY J	
Address:	299 N.W. 11TH STREET	
City-St-Zip:	BOCA RATON, FL	
Title:	AS	( ) Delete
Name:	BARRETT, JOHN	
Address:	3326 QUAIL CLOSE	
City-St-Zip:	POMPANO BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY HENDERSON D 04/27/2009
Electronic Signature of Signing Officer or Director — Date