

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47371

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA IRISH AMERICAN SOCIETY, INC.

Current Principal Place of Business:

1314 20TH ST
VERO BEACH, FL 32961 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5151
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 59-3027535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEALAND, NANCY
5300 NORTH A1A
#311
VERO BEACH, FL 32963 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: P () Delete
Name: SEALAND, NANCY MRS.
Address: 5300 NORTH A1A, #311
City-St-Zip: VERO BEACH, FL 32963 US

Title: V () Delete
Name: CURRENTLY VACANT, VACANT NAA
Address: NAA
City-St-Zip: NAA, FL NAA US

Title: S () Delete
Name: MC DONNELL, JACQUELINE P MRS.
Address: 2075 N. PORPOISE PT. LN.
City-St-Zip: VERO BEACH, FL 32963 US

Title: T () Delete
Name: THOMPSON, WINNIE C MRS.
Address: 100 NIEUPORT DR
City-St-Zip: VERO BEACH, FL 32968 US

Title: D () Delete
Name: MC DONNELL, BART W MR.
Address: 2075 N. PORPOISE PT. LN.
City-St-Zip: VERO BEACH, FL 32963 US

Title: D () Delete
Name: THOMPSON, CHAD .
Address: 1231 BARBER ST
City-St-Zip: SEBASTIAN, FL 32958 US

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
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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: WINNIE C THOMPSON

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date