

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47498

FILED
May 11, 2009
Secretary of State

Entity Name: THE TALLAHASSEE IRISH SOCIETY, INC.

Current Principal Place of Business:

837 SUMMERBROOKE DRIVE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

837 SUMMERBROOKE DRIVE
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3110527 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VARNADO, JAMES
837 SUMMERBROOKE DRIVE
TALLAHASSEE, FL 32312 US

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: O/D () Delete
Name: SCOTT, JENI
Address: 1941 GREENWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: O/D () Delete
Name: MADDEN, JOHN
Address: 1327 SILVER MOON
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: COOLEY, KAREN
Address: 2960 LAKE BRADFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: D () Delete
Name: SHERIDAN, MICHAEL H
Address: 3081 O'BRIEN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DIANNE, NAGLE
Address: 2843 INDUSTRIAL PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: MCCAFFREY, PATRICK
Address: 112 EAST 3RD AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

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: JOHN MADDEN

O/D

05/11/2009

Electronic Signature of Signing Officer or Director

Date