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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:12

DOCUMENT # **N49001** (3)

1. Corporation Name

THE IRISH EDUCATIONAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7900 AIA SOUTH A214 ST AUGUSTINE FL 32086 US	7900 AIA SOUTH A214 ST AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-3129979 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

SULLIVAN, EILEEN A.
7900 AIA SOUTH
#214A
ST AUGUSTINE FL 32086

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Eileen A. Sullivan Executive Director — January 15, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	SULLIVAN, EILEEN A	1.2 NAME	Conrad Sullivan
STREET ADDRESS	7900 AIA SOUTH #214A	1.3 STREET ADDRESS	101 First Street
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	Harrison, N.Y 10578
TITLE	D	2.1 TITLE	Director ☐ Change ☒ Addition
NAME	SULLIVAN, CHARLES E.	2.2 NAME	Paul Sullivan
STREET ADDRESS	36 BENSON STREET	2.3 STREET ADDRESS	59 Hollinger Ave
CITY-ST-ZIP	OCEAN GROVE NJ	2.4 CITY-ST-ZIP	Waynesboro, PA 17268
TITLE	D	3.1 TITLE	Director ☐ Change ☒ Addition
NAME	JUDD, DANIELLE J.	3.2 NAME	Daniel Sullivan
STREET ADDRESS	7110 NW 173 DR #101	3.3 STREET ADDRESS	7536 Hamewood Drive
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Clarksville, MD 21029
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, JOHN M	4.2 NAME	
STREET ADDRESS	3717 DORSETT WAY	4.3 STREET ADDRESS	OMIT John M. Sullivan
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Walter Sullivan
STREET ADDRESS		5.3 STREET ADDRESS	131 Laurel Oak Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Eileen A. Sullivan — January 15, 1995 — (904) 471-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002020