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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
US7900 AIA SOUTH
A214
ST AUGUSTINE FL 32086
US3. Date Incorporated or Qualified
05/21/19923a. Date of Last Report
02/01/19964. FEI Number
59-3129979Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SULLIVAN, CONRAD
STREET ADDRESS 101 2ST ST
CITY-ST-ZIP HARRISON NY1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Walter Sullivan
1.3 STREET ADDRESS 131 Laurel Oak Drive
1.4 CITY-ST-ZIP Longwood FL 32799TITLE D ☐ DELETE
NAME SULLIVAN, PAUL
STREET ADDRESS 59 HOLLINGER AV
CITY-ST-ZIP WAYNESBORO PA2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Daniel Sullivan
2.3 STREET ADDRESS 7536 Flamewood Drive
2.4 CITY-ST-ZIP CLARKSVILLE, MD. 21029TITLE D ☐ DELETE
NAME SULLIVAN, CHARLES
STREET ADDRESS 38 BENSON STREET
CITY-ST-ZIP OCEAN GROVE NJ3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Joseph D KNIPPER
3.3 STREET ADDRESS 133-B MT. VERNON RD.
3.4 CITY-ST-ZIP Jamesburg, NJ 08831TITLE A ☒ DELETE
NAME SULLIVAN, DANIEL
STREET ADDRESS 88960 HOLE ROAD
CITY-ST-ZIP NOTI OR 974614.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077260

CR2E037 (9/96)