

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N49001 (3)

1. Corporation Name

THE IRISH EDUCATIONAL ASSOCIATION, INC.

FILED
Mar 31 1998 8:00am
Secretary of State

eolas@juno.com

Principal Place of Business

Mailing Address

7800 AIA SOUTH 6412 NW 128 St
A214 Gainesville FL
ST AUGUSTINE FL 32086 32653
US

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A214 Gainesville FL
ST AUGUSTINE FL 32086 32653
US

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

3. Date Incorporated or Qualified

05/21/1992

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, EILEEN A.
7800 AIA SOUTH
#214A
ST AUGUSTINE FL 32086

6412 NW 128 St
Gainesville FL
32653

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 1st Street
CITY-ST-ZIP HARRISON NY

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Paul Sullivan
1.3 STREET ADDRESS 59 Hollinger Ave
1.4 CITY-ST-ZIP Waynesboro PA

TITLE D ☐ DELETE

NAME SULLIVAN, DANIEL
STREET ADDRESS 7536 DRIVE FLAMEWOOD
CITY-ST-ZIP CLARKSVILLE MD

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Gerry Sullivan
2.3 STREET ADDRESS 3232 Brackton Lane
2.4 CITY-ST-ZIP Sarasota FL

TITLE D ☐ DELETE

NAME KNIPPER, JOSEPH
STREET ADDRESS 733-B MT VERNON ROAD
CITY-ST-ZIP JAMESBURG NJ

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SULLIVAN, WALTER
STREET ADDRESS 131 LAUREL OAK DRIVE
CITY-ST-ZIP LONGWOOD FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Gary Sullivan, M.D.
STREET ADDRESS 260 Old Register Rd.
CITY-ST-ZIP Statesboro Ga

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Brian McGinn
STREET ADDRESS 7213 Rebecca Dr.
CITY-ST-ZIP Alexandria Va

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Eileen A. Sullivan

3/27/98 1337332-3690

CP2E037 (10/97)