

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90015 023 \*\*\*\*61.25

DOCUMENT # N49001

1. Corporation Name

THE IRISH EDUCATIONAL ASSOCIATION, INC.

Principal Place of Business

6412 N.W. 28 ST  
GAINESVILLE FL 32653  
US

Mailing Address

6412 NW 28 ST  
GAINESVILLE FL 32653  
US



2. Principal Place of Business

1 6412 NW 128 ST

Suite, Apt. #, etc.

2

City & State

3

Zip Country

4

25

2a. Mailing Address

26 6412 NW 128 ST

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

SULLIVAN, EILEEN A.  
6412 N.W. 128 ST  
GAINESVILLE FL 32653

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 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

TITLE ☐ DELETE

NAME  
D SULLIVAN, PAUL  
STREET ADDRESS  
59 HOLLINGER AVE  
CITY-ST-ZIP  
WAYNESBORO PA

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME  
D SULLIVAN, GARY MD  
STREET ADDRESS  
260 OLD REGISTER RD  
CITY-ST-ZIP  
STAKSBORO GA

TITLE ☐ DELETE

NAME  
D MCGINN, BRIAN  
STREET ADDRESS  
7213 REBECCA DR  
CITY-ST-ZIP  
ALEXANDRA VA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
CHARLES SULLIVAN  
36 BENOM AVE  
OCEAN GROVE, NJ

D  
CONRAD SULLIVAN  
101 2ND ST.  
HARRISON, NY  
10528-4616

GARY SULLIVAN M.D.  
STATESBORO, GA.

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99 (312) 332 3690

CR2E037 (5/99)