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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N49240 (7)

1. Corporation Name

FLORIDA IRISH CULTURAL SOCIETY, INC.

Principal Place of Business

2675 SURREY DRIVE
PALM HARBOR FL 34684

Mailing Address

2675 SURREY DRIVE
PALM HARBOR FL 34684-1554

3. Date Incorporated or Qualified
06/04/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-3132458

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRENCE, ALFRED W., JR
6645 RIDGE ROAD
PORT RICHEY FL 34668

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 P
NAME HANLON, MICHAEL
STREET ADDRESS 2675 SUPPLY DR.
CITY-ST-ZIP PALM HARBOR FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME HANLON, JOHN J
STREET ADDRESS 1638 EASTVIEW DR.
CITY-ST-ZIP FINDLAY OH

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME CALLAGHAN, JOSEPH
STREET ADDRESS 136 E. SYCAMORE LANE
CITY-ST-ZIP OLDSMAR FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME KENNEDY, THOMAS
STREET ADDRESS 15437 BEDFORD CIRCLE
CITY-ST-ZIP CLEARWATER FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME BROPHY, PATRICK J
STREET ADDRESS 4913 IMPERIAL PALMS DR.
CITY-ST-ZIP LARGO FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BROPHY, NORINE
STREET ADDRESS 4913 IMPERIAL PALMS DR.
CITY-ST-ZIP LARGO FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 in an attachment with an address.

SIGNATURE: Michael Hanlon, Michael Hanlon 4/28/97 813 785 3237

CR2E037 (9/96)