

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002297 (0)

1. Corporation Name

IRISH HERITAGE SOCIETY OF SW FLA, INC

Principal Place of Business

P O BOX 150632
CAPE CORAL FL 33915
US

Mailing Address

142 SE 1ST AVENUE PO BOX
CAPE CORAL FL 33990
US



800001798248
-04/29/96--01035--013
***61.25

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

PO BOX 150632

4. FEI Number

65-0405346

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

33915 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRY, MICHAEL
237 CAPE CORAL PKWY EAST
APT 2
CAPE CORAL FL 33904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4513 SW 8TH ST #209

83

84 City

FL

85

Zip Code
33914

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 P
NAME O'CONNELLY, EDWARD
STREET ADDRESS 1430 CLARET ST
CITY-ST-ZIP FT MYERS FL ☒ DELETE

TITLE P
NAME BURKE, MICHAEL
STREET ADDRESS 142 SE 1ST AVE
CITY-ST-ZIP CAPE CORAL FL ☒ DELETE

TITLE T
NAME BENSON, CECELIA
STREET ADDRESS 3898 SABAL PAL
CITY-ST-ZIP N FT MYERS FL ☒ DELETE

TITLE T
NAME DELANEY, EDWARD
STREET ADDRESS 1303 SE 25TH TERRACE
CITY-ST-ZIP CAPE CORAL FL ☒ DELETE

TITLE T
NAME CHRISTI ANSEN, CHRIS
STREET ADDRESS P O BOX 623
CITY-ST-ZIP BOKEELIA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME DELANEY, EDWARD
1.3 STREET ADDRESS 1303 SE 25TH TERRACE
1.4 CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME JAMES FLOYD
2.3 STREET ADDRESS 13 MOA ST
2.4 CITY-ST-ZIP FT MYERS FL 33912 ☒ Change ☐ Addition

3.1 TITLE SEC
3.2 NAME JOSEPHINE HILLIS
3.3 STREET ADDRESS 1303 SE 25TH ST
3.4 CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Change ☐ Addition

4.1 TITLE DIRECTOR TRUSTEE
4.2 NAME DAN FURBUSH
4.3 STREET ADDRESS 3 AGUADILLA CT
4.4 CITY-ST-ZIP FT MYERS FL 33912 ☒ Change ☐ Addition

5.1 TITLE TRUSTEE
5.2 NAME P. ALTA MARIAS
5.3 STREET ADDRESS 14910 CALDER DR
5.4 CITY-ST-ZIP FT MYERS FL 33903 ☒ Change ☐ Addition

6.1 TITLE TRUSTEE
6.2 NAME TIM RUSSO
6.3 STREET ADDRESS 17449 BUREAU
6.4 CITY-ST-ZIP FT MYERS FL 33912 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 941
945-3895

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