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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 150632 CAPE CORAL FL 33915-0632 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1993	3a. Date of Last Report 04/27/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0405346		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**TERRY, MICHAEL
4513 SW 8TH CT
#209
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name **VINCENS, RICHARD G.**
82 Street Address (P.O. Box Number is Not Acceptable)
13651 WILLOW BRIDGE DR
83
84 City **FORT MYERS** FL 85 Zip Code **33903**

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 *Richard G. Vincens* **RICHARD G. VINCENS, TREAS** 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	FOLEY, JAMES	
STREET ADDRESS	13 MOA ST	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	S	DELETE
NAME	HICKEY, JOSEPHINE	
STREET ADDRESS	130 SE 42 ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	DELETE
NAME	FURBUSH, DAN	
STREET ADDRESS	E AQUADILLA CT	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	P	DELETE
NAME	DELANEY, EDWARD	
STREET ADDRESS	1303 SE 25TH TEERACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	DELETE
NAME	MAPIER, PAUL	
STREET ADDRESS	14910 CALEB DR	
CITY-ST-ZIP	FT MYERS FL 33903	
TITLE	T	DELETE
NAME	RUSSI, TIM	
STREET ADDRESS	1744 BUTLER	
CITY-ST-ZIP	FT MYERS FL 33912	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change	Addition
1.2 NAME	ELLEN GALVIN, ELLEN		
1.3 STREET ADDRESS	30934 Country CLUB DR		
1.4 CITY-ST-ZIP	SUNTA SPRINGS FL		
2.1 TITLE	S	Change	Addition
2.2 NAME	SCIBIRETTI, HELEN		
2.3 STREET ADDRESS	2932 SW 2nd LN		
2.4 CITY-ST-ZIP	ONE IS FL		
3.1 TITLE	T	Change	Addition
3.2 NAME	VINCENS, RICHARD G.		
3.3 STREET ADDRESS	13651 WILLOW BRIDGE DR		
3.4 CITY-ST-ZIP	FT MYERS FL 33903		
4.1 TITLE	P	Change	Addition
4.2 NAME	BURKE, MIKE		
4.3 STREET ADDRESS	N/A		
4.4 CITY-ST-ZIP	CAPE CORAL FL		
5.1 TITLE	TR	Change	Addition
5.2 NAME	ZIAKAS ZACH		
5.3 STREET ADDRESS	1932 SW SANTA BARBARA PL		
5.4 CITY-ST-ZIP	N CAPE CORAL FL		
6.1 TITLE	TR	Change	Addition
6.2 NAME	GILMORE BEVERLY		
6.3 STREET ADDRESS	18731 JUANITA AVE		
6.4 CITY-ST-ZIP	FT MYERS FL 33905		

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.

CR2E037 (9/96)