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Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
P.O. BOX 150632 CAPE CORAL FL 33915 US	P.O. BOX 150632 CAPE CORAL FL 33915 US

3. Date Incorporated or Qualified

05/19/1993

4. FEI Number

65-0405346

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

**VINCENS, RICHARD G.
13651 WILLOW BRIDGE DR.
FT. MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name	Jacob, Beverly J
82 Street Address (P.O. Box Number is Not Acceptable)	3717 S.E. Third Place
83	
84 City	Cape Coral FL
85 Zip Code	33904

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

Beverly J. Jacob, Treasurer

1-28-98

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	<input type="checkbox"/> DELETE
NAME	V GALVIN, EILEEN
STREET ADDRESS	30934 COUNTRY CLUB DR.
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S CICIRETTI, HELEN
STREET ADDRESS	2832 SW 2ND LANE
CITY-ST-ZIP	PINE ISLAND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T VINCENS, RICHARD G.
STREET ADDRESS	13051 WILLOW BRIDGE DR.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	P BURKE, MIKE
STREET ADDRESS	N/A 14250 1ST AVE
CITY-ST-ZIP	CAPE CORAL FL 33900
TITLE	<input type="checkbox"/> DELETE
NAME	TR ZIAKAS, ZACK
STREET ADDRESS	1232 SW SANTA BARBARA PLACE
CITY-ST-ZIP	N. CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	TR GILMORE, BEVERLY
STREET ADDRESS	13431 JUANITA AVE
CITY-ST-ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	secretary
2.3 STREET ADDRESS	Michelle Craddock
2.4 CITY-ST-ZIP	2203 N.E. 3rd St Cape Coral, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Treas.
3.3 STREET ADDRESS	Beverly J. Jacob
3.4 CITY-ST-ZIP	3717 S.E. Third Place Cape Coral, FL 33904
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Beverly J. Jacob

1-28-98

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CR2E037 (10/97)