

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 014 ****70.00

DOCUMENT # N93000002297

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/19/1993

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

9. Name and Address of Current Registered Agent

JACOB, BEVERLY J
3717 S E THIRD PLACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name Beverly M. Gilmore
82 Street Address (P.O. Box Number is Not Acceptable)
16731 Juanita Ave
83 Ft Myers
84 City FL 85 Zip Code 33908

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 M. Gilmore, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	GALVIN, EILEEN	
STREET ADDRESS	30934 COUNTRY CLUB DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	S	DELETE
NAME	CRADDOCK, MICHELLE	
STREET ADDRESS	2203 N E 3RD STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	DELETE
NAME	JACOB, BEVERLY J	
STREET ADDRESS	3717 S E THIRD PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	P	DELETE
NAME	BURKE, MIKE	
STREET ADDRESS	142 S E 1ST AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	TR	DELETE
NAME	ZIAKAS, ZACK	
STREET ADDRESS	1232 SW SANTA BARBARA PLACE	
CITY-ST-ZIP	N. CAPE CORAL FL	
TITLE	TR	DELETE
NAME	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	Trustee	Change	Addition
1.2 NAME	Galvin, Eileen		
1.3 STREET ADDRESS	30934 Country Club Drive		
1.4 CITY-ST-ZIP	Bonita Springs, Fl		
2.1 TITLE	Treasurer	Change	Addition
2.2 NAME	Gilmore, Beverly M.		
2.3 STREET ADDRESS	16731 Juanita Ave		
2.4 CITY-ST-ZIP	Ft Myers, Fl 33908		
3.1 TITLE	Secretary	Change	Addition
3.2 NAME	Connolly, Josephine		
3.3 STREET ADDRESS	25760 Impatient Court		
3.4 CITY-ST-ZIP	Bonita Springs, Fl 33923		
4.1 TITLE	Vice President	Change	Addition
4.2 NAME	Chambers, William		
4.3 STREET ADDRESS	6940 Julie Ann Ct		
4.4 CITY-ST-ZIP	Ft Myers, Fl 33919		
5.1 TITLE	Trustee	Change	Addition
5.2 NAME	Kearns, Patrick		
5.3 STREET ADDRESS	318 Doubloon Drive		
5.4 CITY-ST-ZIP	North Ft Myers, Fl 33903		
6.1 TITLE	Trustee	Change	Addition
6.2 NAME	Smith, Frank		
6.3 STREET ADDRESS	137 Lakeside Drive		
6.4 CITY-ST-ZIP	North Ft Myers, Fl 33903		

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: Beverly M. Gilmore

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99 941-466-0807
Date Daytime Phone #

CR2E037 (11/98)

237887-90034-14
N93000002297

Two Additional Trustees

Trustee Addition
cOnnolly, Thomas
7400 College Parkway 78A
Ft Myers, Fl 33901

Trustee Addition
Boyd, Margaret
2314 SE 8th St
Cape Coral, Fl 33990

B. Gilmore 3/2/99