


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90309 039 ****61.25

DOCUMENT # N93000002297 1. Entity Name IRISH HERITAGE SOCIETY OF SW FLA, INC					
Principal Place of Business 1106 NE 13TH COURT CAPE CORAL FL 33909 US			Mailing Address 6851 PANGOLA ROAD FORT MYERS FL 33905 US		
2. Principal Place of Business 1106 NE 13TH ST Suite, Apt. #, etc.		3. Mailing Address 1106 NE 13TH ST Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State CAPE CORAL, FL		4. FEI Number 65-0405346	
Zip 33909		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEILL, JOHN 1521 GRACE AVE FORT MYERS FL 33901			7. Name and Address of New Registered Agent Name JEANNE PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 1106 NE 13TH ST City CAPE CORAL FL 33909		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jeannette Phillips</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			JEANNE PHILLIPS <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, JEANNE 1106 NE 13TH STREET CAPE CORAL FL 33909	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X PENERGAST, JUIDTH 335 DOUBLOON DRIVE NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHAN, ROBERT 14235 PRIM POINT LN. FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMMY RODGERS 4830 LAUREL LN FT. MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOYD, ED 1918 SE 5TH COURT CAPE CORAL FL 33990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYDEN, DEBORAH 6851 PANGOLA ROAD FORT MYERS FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEARNS, PATRICK J 318 DOUBLOON DR NO FORT MYERS FL 33917	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOE GUTTERDING 793 SAN CARLOS DR FT. MYERS BEH, FL, 33931
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like reported.					
SIGNATURE: <i>Jeannette Phillips</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JEANNE PHILLIPS 4/19/04 239-770-6618 <small>Date Daytime Phone #</small>		