

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002297

FILED
Apr 14, 2008
Secretary of State

Entity Name: IRISH HERITAGE SOCIETY OF SW FLA, INC

Current Principal Place of Business:

4830 LAUREL LANE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

4830 LAUREL LANE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0405346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, JIMMY
4830 LAUREL LANE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHILLIPS, JEANNE M
Address: 1106 NE 13TH STREET
City-St-Zip: CAPE CORAL, FL 33909

Title: T () Delete
Name: PENERGAST, JUIDTH
Address: 335 DOUBLOON DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP () Delete
Name: RODGERS, JIMMY
Address: 4830 LAUREL LN.
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: BOYD, ED
Address: 1918 SE 5TH COURT
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: HANKERD, PATRICK
Address: 4662 HERMAN CIR
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: GUTTERDING, JOE
Address: 793 SAN CARLOS DR.
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES RODGERS

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date