

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90163 039 ****61.25

DOCUMENT # N93000002297

1. Entity Name
IRISH HERITAGE SOCIETY OF SW FLA, INC



Principal Place of Business
**4414 SW 15TH AVE
CAPE CORAL FL 33914
US**

Mailing Address
**1521 GRACE AVE
FORT MYERS FL 33901
US**

2. Principal Place of Business
1106 NE 13th COURT

3. Mailing Address
6851 PANGOLA ROAD

Suite, Apt. #, etc.
CAPE CORAL, FL 33914

Suite, Apt. #, etc.
FT. MYERS, FL 33901

City & State
CAPE CORAL, FL

City & State
FT. MYERS, FL



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0405346**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSIDY, FRANK G 4414 SW 15TH AVE CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, MAUREEN 5201 CALUSA CT CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. HAYDEN, JOHN J 6851 PANGOLA RD FORT MYERS FL 33905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAN, VINCENT 13476 SYLVAN AVE FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGOWAN, ARTHUR J 750 PIRATES REST RD FORT MYERS FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEARNS, PATRICK J 318 DOUBLOON DR NO FORT MYERS FL 33917 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. JEANNE PHILLIPS 1106 NE 13th STREET CAPE CORAL, FL. 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. JUDITH PENDERGAST 335 DOUBLOON DRIVE N. FT. MYERS, FL. 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. ROBERT MAHAN 14235 PRIM POINT LN. FT. MYERS, FL. 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE ED BOYD 1918 SE 5th COURT CAPE CORAL, FL. 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE DEBORAH HAYDEN 6851 PANGOLA ROAD FT. MYERS, FL. 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: **JOHN HAYDEN** *John Hayden* 4/23/03 239 437-9670

CR2E037 (10/02)