

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

Suite, Apt. #, etc.

CAPE CORAL, FL 33914

City & State

Zip
33909

Country
LEE

3. Mailing Address

6851 PANGOLA ROAD

Suite, Apt. #, etc.

FT. MYERS, FL 33905

City & State

Zip
33905

Country
LEE



☐ 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

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

(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 **P** ☒ Delete
NAME **CASSIDY, FRANK G**
STREET ADDRESS **4414 SW 15TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **S** ☒ Delete
NAME **PHILLIPS, MAUREEN**
STREET ADDRESS **5201 CALUSA CT**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TREAS.** ☐ Delete
NAME **HAYDEN, JOHN J**
STREET ADDRESS **6851 PANGOLA RD**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **VP** ☒ Delete
NAME **MORAN, VINCENT**
STREET ADDRESS **13476 SYLVAN AVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **T** ☒ Delete
NAME **MCGOWAN, ARTHUR J**
STREET ADDRESS **750 PIRATES REST RD**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE **T** ☐ Delete
NAME **KEARNS, PATRICK J**
STREET ADDRESS **318 DOUBLOON DR NO**
CITY-ST-ZIP **FORT MYERS FL 33917**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES.** ☒ Change ☐ Addition
NAME **JEANNE PHILLIPS**
STREET ADDRESS **1106 NE 13th STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITLE **SEC.** ☒ Change ☐ Addition
NAME **JUDITH PENDERGAST**
STREET ADDRESS **335 DOUBLOON DRIVE**
CITY-ST-ZIP **N. FT. MYERS, FL 33917**

TITLE **VICE PRES.** ☒ Change ☐ Addition
NAME **ROBERT MAHAN**
STREET ADDRESS **14235 PRIM POINT LN.**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **ED BOYD**
STREET ADDRESS **1918 SE 5th COURT**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **DEBORAH HAYDEN**
STREET ADDRESS **6851 PANGOLA ROAD**
CITY-ST-ZIP **FT. MYERS, FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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)