

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # **N94000000356 (5)**
Corporation Name

IRISH AMERICAN CELEBRATION, INC.



Principal Place of Business

Mailing Address

118 W ORANGE ST
SUITE 100
ALTAMONTE SPRINGS FL 32714
US

3482 MAGGIE BLVD
ORLANDO FL 32811

Date Incorporated or Qualified

01/25/1994

FEI Number

59-3221826

Applied For

Not Applicable

Principal Place of Business

Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9 Name and Address of Current Registered Agent

Name and Address of New Registered Agent

**MAHER, PATRICK
3482 MAGGIE BLVD
ORLANDO FL 32811**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHER, JOSEPH JR.	
STREET ADDRESS	3482 MAGGIE BLVD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHER, PATRICK	
STREET ADDRESS	3482 MAGGIE BLVD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAHER, JOSEPH P	
STREET ADDRESS	3482 MAGGIE BLVD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAHER, PATRICIA J	
STREET ADDRESS	3482 MAGGIE BLVD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MAHER, Patricia J.
4.3 STREET ADDRESS	1037 W. 34th St.
4.4 CITY-ST-ZIP	Orlando, FL 32805
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

Patrick Maher Patrick Maher 4/30/98 407-872-7195

CR2E037 (10/97)