

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002559

1. Entity Name
AMERICAN IRISH CLUB OF WEST CITRUS, INC.



Principal Place of Business
**4342 HOMOSASSA TRAIL
LECANTO, FL 34461 US**

Mailing Address
**PO BOX 760
LECANTO, FL 34460-0760 US**



01262007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3385625

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIANCULLI, ROBERT J
1354 W PLUM PL
BEVERLY HILLS, FL 34465**

**DO NOT WRITE
IN THIS SPACE**

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: Robert J. Bianculli 01/26/07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

Filing Fee is \$61.25
Due by May 1, 2007

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

U000000611347
02/02/07-80058-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DUVAL, HERB
STREET ADDRESS	1882 N HAVERSHALL DR
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	T
NAME	BIANCULLI, ROBERT
STREET ADDRESS	1354 W PLUM PL
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	D
NAME	DAVIS, RONALD
STREET ADDRESS	4542 N CRESTLINE DR
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	P
NAME	FOYE, JAMES
STREET ADDRESS	419 E CUMBERLAND CT
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	S
NAME	MCCABE, MADELINE
STREET ADDRESS	6209 W GLEN ROBBIN CT
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	HYNES, JAMES
STREET ADDRESS	4472 W. PIUTE DR.
CITY-ST-ZIP	BEVERLY HILLS, FL 34465

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert J. Bianculli 01/26/07 352.5274890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #