

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002559

FILED
Jan 17, 2009
Secretary of State

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

Current Principal Place of Business:

4342 HOMOSASSA TRAIL
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 760
LECANTO, FL 344600760 US

New Mailing Address:

FEI Number: 59-3385625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIANCULLI, ROBERT J
1354 W PLUM PL
BEVERLY HILLS, FL 34465 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: V () Delete
Name: DUVAL, HERB
Address: 1882 N HAVERSHALL DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: T () Delete
Name: BIANCULLI, ROBERT
Address: 1354 W PLUM PL
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: DAVIS, RONALD
Address: 4542 N CRESTLINE DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: P () Delete
Name: FOYE, JAMES
Address: 419 E CUMBERLAND CT
City-St-Zip: HERNANDO, FL 34442

Title: S () Delete
Name: MCCABE, MADELINE
Address: 6209 W GLEN ROBBIN CT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: HYNES, JAMES
Address: 4472 W. PIUTE DR.
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BROWNHILL, THOMAS
Address: 4582 N. LAKE VISTA TR
City-St-Zip: HERNANDO, FL 34442

Title: P (X) Change () Addition
Name: O'CONNOR, JAMES
Address: 860 W. OLYMPIA ST
City-St-Zip: HERNANDO, FL 34442

Title: S (X) Change () Addition
Name: HARPER, MARGIE
Address: 6397 W LEXINGTON DR
City-St-Zip: CRYSTAL RIVER, FL 34429

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: ROBERT J BIANCULLI

T

01/17/2009

Electronic Signature of Signing Officer or Director

Date