2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N95000005471

Entity Name: THE FRIENDLY SONS & DAUGHTERS OF IRELAND, INC.

Current Principal Place of Business:

292 SW OAKRIDGE CIR
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

5172 NW EVER RD.
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

292 SW OAKRIDGE CIR
PORT SAINT LUCIE, FL 34984

New Mailing Address:

5172 NW EVER RD.
PORT SAINT LUCIE, FL 34986

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUNDRIN, SARAH
292 S.W. OAKRIDGE DRIVE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

WILLIAMS, JIM
5845 NW EVER RD
PORT ST LUCIE, FL 34986 US

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: JIM WILLIAMS 04/23/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SUNDRIN, SARAH
Address: 292 S.W. OAKRIDGE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: V ( ) Delete
Name: O'MALLEY, JACK
Address: 541 N.W. PORTOFINO LANE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T ( ) Delete
Name: BEYER, ROBERT J
Address: 881 NW SARRIA CT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S ( ) Delete
Name: GOLDSTEIN, KATE
Address: 450 SW FAIRWAY LANDING
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete
Name: DOUGLAS, TOM
Address: 229 S.E. VILLAGE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: O'CONNELL, JOYCE
Address: 555 N.W. PORTOFINO LANE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, JIM
Address: 5845 NW EVER RD.
City-St-Zip: PORT ST LUCIE, FL 34986

Title: V (X) Change ( ) Addition
Name: O'CONNELL, JOYCE
Address: 2600 SE OCEAN BLVD - J14
City-St-Zip: SYUART,, FL 34996

Title: T (X) Change ( ) Addition
Name: KELLY, EILEEN
Address: 1442 SE LARKWOOD CIE.
City-St-Zip: PORT ST LUCIE, FL 34952

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

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

Title: D (X) Change ( ) Addition
Name: JONES, TOM
Address: 945 SE BAYFRONT AVE
City-St-Zip: PORT ST LUCIE, FL 34983

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: JIM WILLIAMS P 04/23/2008
Electronic Signature of Signing Officer or Director Date