

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 25, 2009
Secretary of State**

DOCUMENT# N95000005471

Entity Name: THE FRIENDLY SONS & DAUGHTERS OF IRELAND, INC.**Current Principal Place of Business:**10403 SW STRATTON DRIVE, PORT ST. LUCIE,
LAKES AT TRADITION
PORT SAINT LUCIE, FL 34987**New Principal Place of Business:**5845 NW BEGONIA AVENUE
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**.0403 SW STRATTON DRIVE, PORT ST. LUCIE
LAKES AT TRADITION
PORT SAINT LUCIE, FL 34987**New Mailing Address:**5845 NW BEGONIA AVENUE
PORT SAINT LUCIE, FL 34986**FEI Number:** 65-0077330**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, JIM
5845 NW EVER RD
PORT ST LUCIE, FL 34986 US**Name and Address of New Registered Agent:**WILLIAMS, JIM
5845 NW BEGONIA AVENUE
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

05/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: WILLIAMS, JIM
Address: 5845 NW BEGONIA AVENUE
City-St-Zip: PORT ST LUCIE, FL 34986Title: V () Delete
Name: O'CONNELL, JOYCE
Address: 2600 SE OCEAN BLVD - J14
City-St-Zip: STUART, FL 34996Title: T () Delete
Name: KELLY, EILEEN
Address: 10403 SW STRATTON DR. LAKES AT TRADITION
City-St-Zip: PORT ST LUCIE, FL 34987Title: S () Delete
Name: MORTENSEN, ANNMARIE
Address: 47 CAMINO DEL RIO
City-St-Zip: PORT SAINT LUCIE, FL 34952Title: D () Delete
Name: DOUGLAS, TOM
Address: 229 S.E. VILLAGE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952Title: D () Delete
Name: JONES, TOM
Address: 945 SE BAYFRONT AVE
City-St-Zip: PORT ST LUCIE, FL 34983**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: SUNDIN, SARAH
Address: 292 SW OAKRIDGE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34984Title: () 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: JIM WILLIAMS

P

05/25/2009

Electronic Signature of Signing Officer or Director

Date