2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005963

1. Entity Name
THE IRISH AMERICAN CULTURAL SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 948564 MAITLAND, FL 32794-8564	PO BOX 948564 MAITLAND, FL 32794-8564

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02062006 No Chg NP CR2E037 (11/05)

4. FEI Number
59-3466443
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DESMOND, SEAN T ESQ
249 EAST SIXTH AVENUE
TALLAHASSEE, FL 32303

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARIMENTO, CHRISTINE
STREET ADDRESS	416 HEATHERTON COURT
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	V
NAME	MCCARRICK, DONALD
STREET ADDRESS	181 W SABAL PALM PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	S
NAME	CIRILLO, JOSEPH
STREET ADDRESS	6505 S SYLVAN LAKE DR
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	T
NAME	DESMOND, JOHN
STREET ADDRESS	1574 CARRINGTON AVENUE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/06-80080-014 61.25

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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: John P. Desmond Treasurer 2/15/06 407-359-0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #