

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005963

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



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

Mailing Address
**PO BOX 948564
MAITLAND, FL 32794-8564**



04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486443

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
1210 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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05/01/08 00000 020 70.00

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 32778
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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Desmond
4/17/2008

Date

407-359-0209

Daytime Phone #