

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005963

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

PO BOX 948564
MAITLAND, FL 327948564

New Principal Place of Business:

1574 CARRINGTON AVE
MAITLAND, FL 327948564

Current Mailing Address:

PO BOX 948564
MAITLAND, FL 327948564

New Mailing Address:

1574 CARRINGTON AVE
MAITLAND, FL 327948564

FEI Number: 59-3486443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESMOND, SEAN T ESQ
1210 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

DESMOND, SEAN T ESQ
2065 THOMASVILLE RD
SUITE #102
TALLAHASSEE, FL 32308 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: SEAN T. DESMOND ESQ.

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARIMENTO, CHRISTINE
Address: 416 HEATHERTON COURT
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: MCCARRICK, DONALD
Address: 181 W SABAL PALM PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: CIRILLO, JOSEPH
Address: 6505 S SYLVAN LAKE DR
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: DESMOND, JOHN
Address: 1574 CARRINGTON AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BECKER, ERIC
Address: 10822 DEARDEN CIR.
City-St-Zip: ORLANDO, FL 32817

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

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: JOHN P. DESMOND

T

03/06/2009

Electronic Signature of Signing Officer or Director

Date