

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003055

1. Entity Name
SOUTH FLORIDA IRISH STUDIES CONSORTIUM, INC.



Principal Place of Business
**C/O JAMES E. DOAN
3301 COLLEGE AVE.
FORT LAUDERDALE, FL 33314**

Mailing Address
**C/O JAMES E. DOAN
3301 COLLEGE AVE.
FORT LAUDERDALE, FL 33314**



03282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0840602** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DOAN, JAMES
DIV. HUMANITIES/NOVA SOUTHEASTERN UNIV
3301 COLLEGE AVENUE
FORT LAUDERDALE, FL 33314**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**000000491045
04/13/06-80006-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DOAN, JAMES E**
STREET ADDRESS **3301 COLLEGE AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33314**

TITLE **D**
NAME **SMITH, MARIE**
STREET ADDRESS **12015 GRIFFING BLVD**
CITY-ST-ZIP **BISCAYNE PARK, FL 33161**

TITLE **D**
NAME **SARGEANT, DAVID**
STREET ADDRESS **9715 SW 59TH ST**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

James E. Doan

JAMES E. DOAN

3/28/06

954-262-8207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #