

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90055 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000004550

1. Corporation Name
IRISH HERITAGE CENTER, INC.

Principal Place of Business 1106 NORTH 13TH COURT HOLLYWOOD FL 33019	Mailing Address P.O. BOX 220315 HOLLYWOOD FL 33022-0315
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0869911
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KROEHLER, FRAN 1106 NORTH 13TH COURT HOLLYWOOD FL 33019		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBERRY, MAUREEN	1.2 NAME	Maureen Carberry
STREET ADDRESS	521 NORTHWEST 93RD TERRACE	1.3 STREET ADDRESS	521 Northwest 93 Terrace
CITY-ST-ZIP	PEMBROKE PINES FL 33021	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROEHLER, FRAN	2.2 NAME	Fran Kroehler
STREET ADDRESS	1106 NORTH 13TH COURT	2.3 STREET ADDRESS	1106 North 13 Court
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DOROTHY	3.2 NAME	Dorothy Sullivan
STREET ADDRESS	1007 NORTH 19TH AVENUE, #9	3.3 STREET ADDRESS	1007 North 19 Avenue #9
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BETTY	4.2 NAME	Connie Provencher
STREET ADDRESS	2627 ROOSEVELT STREET	4.3 STREET ADDRESS	5051 Southwest 25 Avenue
CITY-ST-ZIP	HOLLYWOOD FL 33020	4.4 CITY-ST-ZIP	Ft Laud., FL 33312
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	Dir <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MILTON	5.2 NAME	Milton Wilson
STREET ADDRESS	14820 NORTHEAST 8TH COURT	5.3 STREET ADDRESS	14820 Northeast 8. Court
CITY-ST-ZIP	NORTH MIAMI FL 33161	5.4 CITY-ST-ZIP	North Miami, FL 33161
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DIR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARGUERITE	6.2 NAME	Marguerite Anderson
STREET ADDRESS	8617 SOUTHWEST 17TH STREET	6.3 STREET ADDRESS	8617 Southwest 17 St, FtLaud FL33324
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marguerite Anderson 2/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)