

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90249 014 \*\*\*\*61.25

**DOCUMENT # N98000004550**  
 1. Entity Name  
 IRISH HERITAGE CENTER, INC.



**20044557**



Principal Place of Business  
 521 NW 93 TR  
 PEMBROKE PINES, FL 33024

Mailing Address  
 1801 POLK STREET  
 P.O. BOX 220315  
 HOLLYWOOD, FL 33022-0315

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

03232005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0869911

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

O'DEA, PATRICK  
 1777 SE 15 ST APT-202  
 FORT LAUDERDALE, FL 33316

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2005**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	CARBERRY, MAUREEN	
STREET ADDRESS	521 NORTHWEST 93 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	P	<input type="checkbox"/> Delete
NAME	ODEA, PATRICK	
STREET ADDRESS	177 SE 15ST #402	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SULLIVAN, DOROTHY	
STREET ADDRESS	1007 NORTH 19 AVENUE #9	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYCE, MARY	
STREET ADDRESS	1622 PLUNKETT ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERMINELLO, MARY	
STREET ADDRESS	1060 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRIGAN, ANN	
STREET ADDRESS	3821 NW 91 TERRACE	
CITY-ST-ZIP	SUNRISE, FL 33351	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maureen Carberry 4-23-05 954-432-8292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Maureen CARBERRY