

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90080 007 \*\*\*\*61.25

**DOCUMENT # N98000004550**

1. Entity Name  
**IRISH HERITAGE CENTER, INC.**



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**

40047044



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**O'DEA, PATRICK  
1777 SE 15 ST APT-402  
FORT LAUDERDALE, FL 33316**

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

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
NAME **CARBERRY, MAUREEN**  
STREET ADDRESS **521 NORTHWEST 93 TERRACE**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **ODEA, PATRICK**  
STREET ADDRESS **177 SE 15ST #402**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **SULLIVAN, DOROTHY**  
STREET ADDRESS **1007 NORTH 19 AVENUE #9**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JOYCE, MARY**  
STREET ADDRESS **1622 PLUNKETT ST**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **TERMINELLO, MARY**  
STREET ADDRESS **1060 JOHNSON ST**  
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CARRIGAN, ANN**  
STREET ADDRESS **3821 NW 91 TERRACE**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Maureen Carberry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*954-432-8292*