

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90282 016 ****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
1807 POLK STREET
P.O. BOX 220315
HOLLYWOOD FL 33022-0315

2. Principal Place of Business

521 NW 93 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX - 220315

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

City & State

HOLLYWOOD, FL.

4. FEI Number **65-0869911**

Applied For
Not Applicable

Zip

Country

33024 USA

Zip

Country

33022 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ODEA, PATRICK
1777 SE 15 ST A402
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name PATRICK O'DEA
Street Address (P.O. Box Number is Not Acceptable)

1777 SE 15 STREET APT-402

City FORT LAUDERDALE **FL** Zip Code 33316

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 PATRICK O'DEA

Signature, typed or printed name of registered agent and title if applicable.

Patrick O'Dea

(NOTE: Registered Agent signature required when reinstating)

2-14-03

DATE

FILE NOW: FEE IS \$61.25

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 **WILSON, MILTON**
STREET ADDRESS **14820 NE 8 CT**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
NAME **FLINN, MARYJO**
STREET ADDRESS **2764 N.E. 34 STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33306**

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: SANDRA RIGBY

2-14-03 954-432-8292

CR2E037 (10/02)