

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098992

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: ORLANDO CELTIC SUPPORTERS CLUB, INC.

**Current Principal Place of Business:**

123 IMPERIAL HEIGHTS DR  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

123 IMPERIAL HEIGHTS DR  
ORMOND BEACH, FL 32176

**New Mailing Address:**

FEI Number: 59-3748526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWLEY, JOHN  
123 IMPERIAL HEIGHTS DR  
ORMOND BEACH, FL 32176      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOWLEY, JOHN  
Address: 123 IMPERIAL HEIGHTS DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: V ( ) Delete  
Name: DOMINICK, TONY  
Address: 123 IMPERIAL HEIGHTS DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ST ( ) Delete  
Name: DOUGAN, TOM  
Address: 123 IMPERIAL HEIGHTS DR  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM DOUGAN

ST

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date