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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000002052 (4)

1. Corporation Name  
SPACECOAST HIBERNIANS, INC.

Principal Place of Business  
644 JUBILEE ST  
MELBOURNE FL 32940

Mailing Address  
644 JUBILEE ST  
MELBOURNE FL 32940-7682



3. Date Incorporated or Qualified 01/02/1996  
3a. Date of Last Report 01/02/1996

2. Principal Place of Business  
21 1103 Tequesta Drive  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1103 Tequesta Drive  
Suite, Apt. #, etc.

4. FEI Number 59-3353173  
Applied For Not Applicable

22 City & State  
23 Barefoot Bay, FL

27 City & State  
28 Barefoot Bay, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32976  
25 Country U. S. A.

29 Zip 32976  
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, JOHN F  
644 JUBILEE ST  
MELBOURNE FL 32940

81 Name Joseph Phelan  
82 Street Address (P.O. Box Number is Not Acceptable) 1103 Tequesta Drive  
83  
84 City Barefoot Bay FL 85 Zip Code 32976

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Joseph Phelan* Joseph Phelan P 3/30/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Joseph Phelan
1.3 STREET ADDRESS	1103 Tequesta Drive
1.4 CITY - ST - ZIP	Barefoot Bay, FL 32976
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V James Duffy
2.3 STREET ADDRESS	1678 Cadillac Circle
2.4 CITY - ST - ZIP	Melbourne, FL 32935
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Joseph Nichols
3.3 STREET ADDRESS	916 Yew Street
3.4 CITY - ST - ZIP	Barefoot Bay, FL 32976
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Jeremiah O'Shea
4.3 STREET ADDRESS	743 Palm Springs Circle
4.4 CITY - ST - ZIP	Indian Hbr. Bch., FL 32937
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Phelan* Joseph Phelan 3/30/97 (561)664-5920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)