FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722745** **(7)**

1. Corporation Name

THE ITALIAN AMERICAN CIVIC LEAGUE OF FORT LAUDER DALE, INC.

Principal Place of Business	Mailing Address
2310 N.E. 7TH AVE. FORT LAUDERDALE FL 33305	2310 N.E. 7TH AVE. FORT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1972
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-6151459 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

ALBERTI, ELVIRA
3300 NE 36TH ST APT #308
FT.LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: BERNARD PETRECCIA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2107 N.E. 56 Place
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33308

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: _____ BERNARD PETRECCIA 4/24/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	T ☒ Change ☐ Addition
NAME	ALBERTI, ELVIRA	12 NAME	PETRECCIA, Bernard
STREET ADDRESS	3300 N.E. 36TH ST. #308	13 STREET ADDRESS	2107 N.E. 56 Place
CITY-ST-ZIP	FT.LAUDERDALE FL	14 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308
TITLE	D	21 TITLE	S ☒ Change ☐ Addition
NAME	FALSETTO, FRANK	22 NAME	FALSETTA, Frank
STREET ADDRESS	6600 N.E. 21 TERRACE	23 STREET ADDRESS	6600 N.E. 21 Terrace
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308
TITLE	VP	31 TITLE	VP ☒ Change ☐ Addition
NAME	PETRECCIA, RITA	32 NAME	PETRECCIA, Martino
STREET ADDRESS	2107 N.E. 56 PLACE	33 STREET ADDRESS	3333 N.E. 38 Street
CITY-ST-ZIP	FT LAUDERDALE FL 33308	34 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ALBERT, ROBERTO	42 NAME	
STREET ADDRESS	3300 N.E. 36 ST. APT. 308	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	P ☒ Change ☐ Addition
NAME	DENATALE, ANGELA	52 NAME	PETRECCIA, Rita
STREET ADDRESS	3000 NE 39 ST	53 STREET ADDRESS	2107 N E. 56 Place
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	DI DOMENICO, FRED	62 NAME	CASORIA, Michael
STREET ADDRESS	3100 NE 49 ST APT #407	63 STREET ADDRESS	2334 Cypress Bend Dr. S. #208
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP	Pompano Beach, Fl 33069

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita Petreccia RITA PETRECCIA 4/24/95 305-776-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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