

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 740168  
 1. Entity Name  
 ITALIAN-AMERICAN GOLF ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 2014-A E 7TH AVE      2014-A E 7TH AVE  
 TAMPA, FL 33605 US      TAMPA, FL 33605 US



03022004 No Chg-NP      CR2E037 (10/03)

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4. FEI Number  
 59-1798244      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FERLITA, PAUL J.  
 726 ARGYLE PLACE  
 TAMPA, FL 33617

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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, 2004**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERLITA, PAUL
STREET ADDRESS	726 ARGYLE PLACE
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	D
NAME	BELL, JIM
STREET ADDRESS	3809 N. TAMPA ST.
CITY-ST-ZIP	TAMPA, FL 336034743
TITLE	D
NAME	LABARBERA, MICHAEL
STREET ADDRESS	1407 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000130286  
 04/26/04-80110-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul J. Ferlita      4-22-04      813 248 0488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

PAUL J FERLITA