


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1798244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERLITA, PAUL J.
 726 ARGYLE PLACE
 TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

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 _____ DATE 04/09/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DATE: 4/9/08 DAYTIME PHONE #: 813 248 0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR