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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:24

DOCUMENT # 741595 (3)

1. Corporation Name
FLORIDA FEDERATION OF ITALIAN/AMERICAN CLUBS, IN C.

Principal Place of Business	Mailing Address
6601 EVERGREEN DR. MIRAMAR FL 33023	6601 EVERGREEN DR. MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1978
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0291114 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RENALDO, PAUL
6601 EVERGREEN DR
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	PALMACCI, BRUNO	1.2 NAME	MARZILIANO, JACK	
STREET ADDRESS	5692 SOUTHWEST 1ST CT	1.3 STREET ADDRESS	9920 N.W. 44TH CT.	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	PD	2.1 TITLE	V. PRES. D	☐ Change ☐ Addition
NAME	MESSINA, CARL	2.2 NAME	TAERICO, JOSEPH	
STREET ADDRESS	2010 SAYE DR.	2.3 STREET ADDRESS	1202 G-2 BAHAMA BEND	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33066	
TITLE	V	3.1 TITLE	V. PRES. D	☒ Change ☐ Addition
NAME	TAERICO, JOSEPH	3.2 NAME	NINO GALLINA	
STREET ADDRESS	1202 G-2 BAHAMA BEND	3.3 STREET ADDRESS	2401 N. 44th. STREET	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	
TITLE	TD	4.1 TITLE	R. Sec. D	☒ Change ☐ Addition
NAME	RENALDO, PAUL	4.2 NAME	SHIRLEY CASEY	
STREET ADDRESS	6601 EVERGREEN DR.	4.3 STREET ADDRESS	2300 S.W. 112 TH. AVE.	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	DAVIE, FL. 33325	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	MARZILIANO, JACK	5.2 NAME		
STREET ADDRESS	9920 NW 44TH CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Renaldo Paul Renaldo 3/4/95 305-822-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018412