

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **741595** (3)

1. Corporation Name

FLORIDA FEDERATION OF ITALIAN/AMERICAN CLUBS, INC.

Principal Place of Business

**6601 EVERGREEN DR.
MIRAMAR FL 33023**

Mailing Address

**6601 EVERGREEN DR.
MIRAMAR FL 33023**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1978		3a. Date of Last Report 03/09/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0291114		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**RENALDO, PAUL
6601 EVERGREEN DR
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZILIANO, JACK	1.2 NAME	
STREET ADDRESS	9920 WN 44TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALERICO, JOSEPH	2.2 NAME	
STREET ADDRESS	1202 G-2 BAHAMA BEND	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLINA, NINO	3.2 NAME	
STREET ADDRESS	2401 N 64TH STREET	3.3 STREET ADDRESS	VPD CASEY, SHIRLEY
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	2300 S.W. 112 AVENUE
TITLE	RSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, SHIRLEY	4.2 NAME	
STREET ADDRESS	2300 SW 112TH AVENUE	4.3 STREET ADDRESS	DAVIE, FL. 33325
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	S.D.
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARZILIANO, JACK	5.2 NAME	
STREET ADDRESS	9920 NW 44TH CT	5.3 STREET ADDRESS	FRAN RUSSO
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	6391 HARDING ST.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Hollywood, FL. 33024
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TD PAUL RENALDO
			6601 EVERGREEN DR.
			MIRAMAR, FL. 33023

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:

Paul Renaldo Trs.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL RENALDO 4/13/90 305-822-7300
Date Daytime Phone #

CR2E037 (12/95)