

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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, IN
C.

Principal Place of Business

Mailing Address

6601 EVERGREEN DR.
MIRAMAR FL 33023

6601 EVERGREEN DR.
MIRAMAR FL 33023



3. Date Incorporated or Qualified

02/10/1978

4. FEI Number

65-0291114

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENALDO, PAUL
6601 EVERGREEN DR
MIRAMAR FL 33023

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 PAUL RENALDO

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
NAME MARZILIANO, JACK
STREET ADDRESS 9920 WN 44TH CT
CITY-ST-ZIP SUNRISE FL ☒ DELETE

TITLE VPD
NAME SCLAFANI, LOUISE
STREET ADDRESS P O BOX 741
CITY-ST-ZIP VENICE FL (NA) ☐ DELETE

TITLE VPD
NAME CASEY, SHIRLEY
STREET ADDRESS 2300 S.W. 112 AVENUE
CITY-ST-ZIP DAVIE FL ☒ DELETE

TITLE SD
NAME FRAN RUSSO
STREET ADDRESS 6391 HARDING ST.
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE TD
NAME PAUL RENALDO
STREET ADDRESS 6601 EVERGREEN DR
CITY-ST-ZIP MIRAMAR FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE P
1.2 NAME SHIRLEY POPONI CASEY
1.3 STREET ADDRESS 2300 S.W. 112th. AVENUE
1.4 CITY-ST-ZIP DAVIE, FL. 33325 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 H-6-98 305-822-7300

CR2E037 (10/97)