

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741595

FILED
Feb 10, 2008
Secretary of State

Entity Name: FLORIDA FEDERATION OF ITALIAN/AMERICAN CLUBS, INC.

Current Principal Place of Business:

2300 SW 112 AV
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

2300 SW 112 AV
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 65-0291114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, SHERRY
2300 SW 112 AVE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETRECCIA, BERNIE
Address: 2107 NE 56TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD () Delete
Name: MELE, ARLEEN
Address: 309 N. 31ST AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: CASEY, SHERRY
Address: 2300 SW 112 AVE
City-St-Zip: DAVIE, FL 33325

Title: VPD () Delete
Name: JENSEN, PHYLLIS
Address: 407 SEAGULL AVE
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JENSEN, PHYLLIS M
Address: 407 SEAGULL AVENUE
City-St-Zip: NAPLES, FL 34108

Title: SD (X) Change () Addition
Name: MELE, ARLEEN
Address: 3324 CRABAPPLE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CONTINO, JOSEPH
Address: 2501 ANTIGUA TERRACE, L-2
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Change (X) Addition
Name: ORRISON, LEE
Address: 267 S. WESTVIEW COURT
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY CASEY

TD

02/10/2008

Electronic Signature of Signing Officer or Director

Date