

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009908

FILED
Jan 24, 2007
Secretary of State

Entity Name: PALM BAY ITALIAN-AMERICAN SOCIETY, INC.

Current Principal Place of Business:

990 BADGER DR NE
PALM BAY, FL 32905

New Principal Place of Business:

4039 SNOWEY EGRET LN
MELBOURNE, FL 32904

Current Mailing Address:

990 BADGER DR NE
PALM BAY, FL 32905

New Mailing Address:

P.O. BOX 100416
PALM BAY, FL 32910

FEI Number: 76-0834205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CICCONI, FRANK
990 BADGER DR NE
PALM BAY, FL 32905 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: P () Delete
Name: CICCONI, FRANK
Address: 990 BADGER DR NE
City-St-Zip: PALM BAY, FL 32905

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V () Change (X) Addition
Name: BURNS, JAMES
Address: 699 ALFORD ST. SE
City-St-Zip: PALM BAY, FL 32909

Title: T () Change (X) Addition
Name: HEAP, MARY
Address: 945 LYONS CIRCLE NW
City-St-Zip: PALM BAY, FL 32907

Title: S () Change (X) Addition
Name: MINICUCI, JOSEPHINE
Address: P.O. BOX 100212
City-St-Zip: PALM BAY, FL 32910

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES BURNS

V

01/24/2007

Electronic Signature of Signing Officer or Director

Date