

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009908

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

699 ALFORD ST S.E.
PALM BAY, FL 32909

New Principal Place of Business:

699 ALFORD STREET SE
PALM BAY, FL 32909

Current Mailing Address:

P.O. BOX 100416
PALM BAY, FL 32910

New Mailing Address:

FEI Number: 76-0834205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, JAMES
699 ALFORD ST SE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

BURNS, JAMES
699 ALFORD STREET SE
PALM BAY, FL 32909 US

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:

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, JAMES
Address: 699 ALFORD ST SE
City-St-Zip: PALM BAY, FL 32909

Title: V () Delete
Name: MONTELBONE, MICHAEL
Address: 2024 PALM PL
City-St-Zip: PALM BAY, FL

Title: T () Delete
Name: MINICUCI, JOSEPHINE
Address: POB 100212
City-St-Zip: PALM BAY, FL 32910

Title: S () Delete
Name: CASABIANCA, CATHERINE
Address: 266 HARVEY AVE NE
City-St-Zip: PALM BAY, FL 32907

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MONTELEONE, MICHAEL
Address: 2024 PALM PLACE
City-St-Zip: PALM BAY, FL 32905

Title: T (X) Change () Addition
Name: PLACIDO, MICHAEL
Address: 2764 EMERSON DRIVE SE
City-St-Zip: PALM BAY, FL 32909

Title: S (X) Change () Addition
Name: MARUZZELLA, ROSEMARIE
Address: 2775 FLINTSTONE AVENUE
City-St-Zip: PALM BAY, FL 32909

Title: FS () Change (X) Addition
Name: COLANDREA, ANTHONY
Address: 1787 WAKEFOREST ROAD NW
City-St-Zip: PALM BAY, FL 32907

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: MICHAEL PLACIDO

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01/14/2009

Electronic Signature of Signing Officer or Director

Date