


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90001 040 ****61.25

DOCUMENT # N33486 1. Entity Name THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.					
Principal Place of Business FIRST UNITED METHODIST CHURCH 600 W. IANTHE TAVARES, FL 32778 US			Mailing Address P.O. BOX 1583 EUSTIS, FL 32726 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252006 Chg-NP CR2E037 (11/05)	
		32727-1583			
4. FEI Number NOT APPLICABLE			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEMEO, HELEN T 701 MOUNT HOMER RD, APT 8 EUSTIS, FL 32726			Name <u>Quatro, Louis G. Sr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2705 E. Washington Ave</u> City <u>EUSTIS</u> FL Zip Code <u>32726</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Louis G. Quatro, Sr.</u> <u>LOUIS G. QUATRO, SR</u> <u>02/07/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUATRO, ALICE J 2705 E. WASHINGTON AVE. EUSTIS, FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pluchino, Kay 35406 Highland Drive Eustis, FL 32736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARUSO, JOHN 1605 ORANGE DR. EUSTIS, FL 32736 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pluchino, Joseph 35406 Highland Drive Eustis, FL 32736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMEO, HELEN 701 MOUNT HOMER RD. APT. A-1 EUSTIS, FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Quatro, Louis G. Sr. 2705 E. Washington Ave. Eustis, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUKOV, ANTOINETTE 36744 EMERALDA ISLAND RD. LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Matthews, Mary 149 E. Seminole Ave. Eustis, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Louis G. Quatro, Sr.</u> <u>LOUIS G. QUATRO, SR</u> <u>02/07/06</u> <u>352-357-3504</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					