FLORIDA CORPORATION ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 11 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807956 (8)

1. Corporation Name
ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES INC., POST 4, ORLANDO, FLORIDA

Principal Place of Business	Mailing Address
ITALIAN AMERICAN SOCIAL CLUB 574111 P.O. BOX XXXXXX CASSELBERRY FL 32857-4111	P.O. BOX 570876 ORLANDO, FL 32857-0876 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1985
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2597227 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PALUMBO, CARMEN
2040 AMBERGRIS DR
ORLANDO, FL 32822

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Carmen F. Palumbo CARMEN F. PALUMBO, CHAIRMAN 4-4-95
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/D	11 TITLE	☐ Change ☐ Addition
NAME	PALUMBO, CARMEN	12 NAME	
STREET ADDRESS	2040 AMBERGRIS DR	13 STREET ADDRESS	400001453754
CITY-ST-ZIP	ORLANDO, FL 32822	14 CITY-ST-ZIP	-04/12/95--01001--001
TITLE	T/D	21 TITLE	*****70.00 ☒ Change ☐ Addition
NAME	SYRING, LaVERNE H.	22 NAME	*****70.00
STREET ADDRESS	8212 CASCADE OAKS DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	24 CITY-ST-ZIP	
TITLE	V/D	31 TITLE	☐ Change ☐ Addition
NAME	LONGO, SAM	32 NAME	
STREET ADDRESS	702 HEATHER LANE	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	34 CITY-ST-ZIP	
TITLE	S/D	41 TITLE	☐ Change ☐ Addition
NAME	RAY MENGANI	42 NAME	
STREET ADDRESS	707 ADIDAS RD	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32706	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: CARMEN PALUMBO Carmen F. Palumbo 4-4-95 407-273-0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

PW 4-11-95