

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1993-594

18916-XC

DOCUMENT # N07956

(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
P.O. BOX 574111
CASSELBERRY FL 32857-4111
US

P.O. BOX 570876
ORLANDO FL 32857-0876
US



3. Date Incorporated or Qualified

03/05/1985

3a. Date of Last Report

04/11/1995

4. FBI Number

59-2597227

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

21 ITALIAN-AMER.SOC.CLUB

2a. Mailing Address

26

Suite, Apt. #, etc.

22 P.O. BOX 57411

Suite, Apt. #, etc.

27

City & State

23 ORLANDO, FLORIDA

City & State

28

Zip

24 32857-4111

Country

25

Zip

29

Country

30

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

SAM LONGO

82 Street Address (P.O. Box Number is Not Acceptable)

702 Heather Ln.

83

Winter Springs, Fl.

84 City

FL

85

Zip Code

32708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sam Longo

Feb. 26, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
PALUMBO, CARMEN
STREET ADDRESS
2040 AMBERGRIS DR
CITY-ST-ZIP
ORLANDO FL 32822

TITLE ☐ DELETE

NAME
VD
LONGO, SAM
STREET ADDRESS
702 HEATHER LANE
CITY-ST-ZIP
WINTER SPRINGS FL 32708

TITLE ☐ DELETE

NAME
TD
SYRING, LAVERNE H.
STREET ADDRESS
8212 CASCADE OAKS DR..
CITY-ST-ZIP
ORLANDO FL 32822

TITLE ☐ DELETE

NAME
SD
MENGANI, RAY
STREET ADDRESS
707 ADIDAS RD.
CITY-ST-ZIP
WINTER SPRGS FL 32706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
PD
LONGO, SAM
1.3 STREET ADDRESS
702 HEATHER LN.
1.4 CITY-ST-ZIP
WINTER SPRINGS, FL. 32708

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
VD
LOMBARDI, ANTHONY
2.3 STREET ADDRESS
1806 FAIRVIEW SHORES
2.4 CITY-ST-ZIP
ORLANDO, FL. 32804

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
TD
BOVE, RALPH
3.3 STREET ADDRESS
3142 DREYFUSHIRE BLVD.
3.4 CITY-ST-ZIP
ORLANDO, FL. 32822

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
SD
PIZZANO, CHARLES
4.3 STREET ADDRESS
1244 CHEETAH TRAIL
4.4 CITY-ST-ZIP
WINTER SPRINGS, FL. 32708

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Ralph S. Bove

Ralph S. Bove

Feb. 26, 1996

AC407273-0398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)