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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07956

1. Corporation Name

ITALIAN AMERICAN WAR VETERANS OF THE UNITED STAT ES, INC. POST 4 ORLANDO, FLORIDA

Principal Place of Business	Mailing Address
ITALIAN AMERICAN SOCIAL CLUB PO BOX 57411 ORLANDO FL 32857-4111 US	P.O. BOX 570876 ORLANDO FL 32857-0876 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2597227 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GIORDANO, CHET
718 GLEN EAGLE DR
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: FINELLA ALEXANDER
82 Street Address (P.O. Box Number is Not Acceptable): 2019 SANTA ANTILLES RD
83
84 City: ORLANDO FL 85 Zip Code: 32806

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: Alexander de Finella — 4-10-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GIORDANO, CHET 718 GLEN EAGLE DR WINTER SPRINGS FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition PD FINELLA ALEXANDER 2019 SANTA ANTILLES RD ORLANDO FL 32806 PHONE 407-895-6571
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FINELLA, ALEXANDER 2019 SANTA ANTILLES RD ORLANDO FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition VD BRESSI ANTHONY PHONE 407-841-2147 720 DELANEY AVE ORLANDO FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MALENA, RICHARD 11065 CRESCENT BAY BLVD CLERMONT FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition TD BADOLATO EUGENE PHONE 407-365-4123 1694 WINGSPAN WAY WINTER SPRINGS FL 32708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SYRING, LAVERNE 8212 CASCADE OAKS DR ORLANDO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FINELLA ALEXANDER 2019 SANTA ANTILLES RD ORLANDO FL 32806	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: CHET GIORDANO FOR VICE PRESIDENT — 1-25-99 — 407-366-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #