


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90078 022 ****61.25

DOCUMENT # N07956 1. Entity Name ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES, INC. POST 4 ORLANDO, FLORIDA					
Principal Place of Business ITALIAN AMERICAN SOCIAL CLUB PO BOX 57411 ORLANDO FL 32857-4111 US			Mailing Address P.O. BOX 570876 ORLANDO FL 32857-0876 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BADOLATO, GENE 1694 WINGSPAN WAY WINTER SPRINGS FL 32708				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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><i>Gene Badolato</i></u> DATE <u>April 15, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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. CD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRENTO, JOHN <input checked="" type="checkbox"/> Delete 773 S EDMONT AVE WINTER SPRINGS FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI GIROLMO VINCENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1012 PROVIDENCE LA OVIEDO FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD <input checked="" type="checkbox"/> Delete DI GIROLMO, VINCENT 1012 PROVIDENCE LA OVIEDO FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARBGALLO SAMUEL 3636 ECONLOCKHATCHEE TR ORLANDO FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BADOLATO, EUGENE 1694 WINGSPAN WAY WINTER SPRINGS FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete DURSO, RALPH 2703 SNOWGOOSE LA LAKE MARY FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOVE RALPH 1913 LAHINCH CT. ORLANDO FL 32826	
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 exemption stated in Section 119.07(3)(i), 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><i>Gene Badolato</i></u> DATE <u>April 15, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

407-365-4123

Date Daytime Phone #