


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90045 043 \*\*\*\*70.00

<b>DOCUMENT # N33486</b> 1. Entity Name <b>THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.</b>			
Principal Place of Business <b>FIRST UNITED METHODIST CHURCH 600 W. IANTHE TAVARES, FL 32778 US</b>		Mailing Address <b>P.O. BOX 1583 EUSTIS, FL 32726 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 1583</b> Suite, Apt. #, etc.	
City & State <b>EUSTIS, FL</b>		City & State <b>EUSTIS, FL</b>	
Zip <b>32727-1583</b>	Country <b>US</b>	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DEMEO, HELEN T 2705 E WASHINGTON AVE EUSTIS, FL 32726</b>		7. Name and Address of New Registered Agent Name <b>QUATRO, LOUIS G. SR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2705 E. WASHINGTON AVE.</b> City <b>EUSTIS</b> FL <b>32726</b>	
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>Louis G. Quatro, Sr.</i></u> DATE <u>01/22/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P PLUCHINO, KAY 35406 HIGHLAND DR EUSTIS, FL 32726</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P DEGREGORIO, JULIUS 2710 E. WASHINGTON AVE EUSTIS, FL 32726</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V PLUCHINO, JOSEPH 35406 HIGHLAND DR EUSTIS, FL 32736</b>	<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 <b>T QUATRO, LOUIS G SR 2705 E WASHINGTON AVE EUSTIS, FL 32726</b>	<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 <b>S MATTHEWS, MARY 149 E SEMINOLE AVE EUSTIS, FL 32726</b>	<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
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><i>Louis G. Quatro, Sr.</i></u> <u>01/22/07</u> <u>352-357-3504</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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