

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07956

**Entity Name:** ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES,  
INC. POST 4 ORLANDO, FLORIDA

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC3481560668**

**Current Principal Place of Business:**

ITALIAN AMERICAN WAR VETERANS POST 4  
1694 WINGSPAN WAY  
WINTER SPRINGS,, FL 32708

**Current Mailing Address:**

1694 WINGSPAN WAY  
WINGTER SPRINGS, FL 32708 US

**FEI Number: 59-2597227**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BADOLATO, GENE  
1694 WINGSPAN WAY  
WINTER SPRINGS, FL 32708 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CD  
Name DIMARINO, ANTHONY  
Address 2543 DOUBLE TREE PLACE  
City-State-Zip: OVIEDO FL 32766

Title TD  
Name BADOLATO, EUGENE  
Address 1694 WINGSPAN WAY  
City-State-Zip: WINTER SPRINGS FL 32708

Title AD  
Name BREEZE, CHRIS  
Address 506 DIVINE CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title SVCD  
Name PROPP, DAN  
Address P.O. BOX 41 303 BRILEY AVE  
City-State-Zip: OAKLAND, FL 34760

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EUGENE BADOLATO**

**TD**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date