

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714230

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: DA VINCI ITALIAN AMERICAN SOCIETY, INC.

## Current Principal Place of Business:

P.O. BOX 541101  
MERRITT ISLAND, FL 32954

## New Principal Place of Business:

3401 CRABAPPLE DR.  
PORT ST.LUCIE, FL 34952 US

## Current Mailing Address:

P.O. BOX 541101  
MERRITT ISLAND, FL 32954

## New Mailing Address:

3401 CRABAPPLE DR.  
PORT ST.LUCIE, FL 34952 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, ORISON  
267 WEST VIEW CT  
MELBOURNE, FL 32934 US

## Name and Address of New Registered Agent:

LEE, ORRISON  
3401 CRABAPPLE DR.  
PORT ST. LUCIE, FL 32934 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: LEE ORRISON

01/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: PERTILE, JUDITH  
Address: 1660 AMBER JACK COURT  
City-St-Zip: MERRITT ISLAND, FL

Title: S ( ) Delete  
Name: ANDREWS, DEE  
Address: 1700 S ATLANTIC AVE APT 201  
City-St-Zip: COCOA BEACH, FL 32931

Title: T ( ) Delete  
Name: ANDREWS, DEE  
Address: 1700 S ATLANTIC APT 201  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: ORRISON, JERRY  
Address: 415 BLUFF DR  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: ANDREWS, ROBERT  
Address: 1700 S ATLANTIC AVE APT 201  
City-St-Zip: COCOA BEACH, FL 32931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEE ORRISON

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

Date