


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 715652</b> 1. Entity Name <b>AMERICANS OF ITALIAN HERITAGE CLUB, INC.</b>	
---	---

Principal Place of Business <b>2011 SW 42ND AVE</b> <b>FORT LAUDERDALE, FL 33317-6700</b>	Mailing Address <b>2011 SW 42ND AVE</b> <b>FORT LAUDERDALE, FL 33317-6700</b>
---	---



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1757353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SCALISI, CHARLES</b> <b>8212 NW 14TH ST</b> <b>PLANTATION, FL 33322</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SCALISI, CHARLES
STREET ADDRESS	8212 NW 14 ST.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	1VP
NAME	PECORARO, SAM
STREET ADDRESS	1715 WHITE HALL DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	2VP
NAME	ANTOSIA, DANIEL
STREET ADDRESS	1158 CMABRIDGE "G"
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	T
NAME	CLINTON, RAYMOND
STREET ADDRESS	2011 SW 42ND AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317
TITLE	RS
NAME	ALFANO, JOANNE
STREET ADDRESS	412 SW 3RD TERR.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TR
NAME	PALMACCI, FLORENCE
STREET ADDRESS	1621 LAUDERDALE W. DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33029

U00000414649  
02/11/06-80047-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** RAYMOND CLINTON Raymond Clinton 1/30/06 (954) 587-6544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #