2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State
07-18-2005 90042 026 ****61.25

DOCUMENT # 722466

1. Entity Name
PASCO ITALIAN AMERICAN CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
7621 MARYLAND AVE. HUDSON, FL 34667	7621 MARYLAND AVE. HUDSON, FL 34667

50055575

07052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1688156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMA, JOSEPH 12910 TEAKWOOD LN BAYONET PT., FL 34667	Name: BRIDGET BONICA Street Address (P.O. Box Number is Not Acceptable): 9130 COTSWALD WAY City: New Port Richey FL Zip Code: 34655-1324

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: Bridget Bonica 7-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FS	☑ Delete	TITLE	P	☐ Change ☑ Addition
NAME	D'AMICA, ROBERT		NAME	Bridget Bonica	
STREET ADDRESS	10921 SANDTRAP DR.		STREET ADDRESS	9130 COTSWALD WAY.	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	New Port Richey, Fl 34655-1324	
TITLE	D	☑ Delete	TITLE	VP	☐ Change ☑ Addition
NAME	GIULIANI, JOSEPH		NAME	SALVATORE ROMEO	
STREET ADDRESS	12343 DEARBORN DR.		STREET ADDRESS	3836 LIGHTHOUSE WAY	
CITY-ST-ZIP	BAYONET PT., FL 34667		CITY-ST-ZIP	New Port Richey Fl 34652-6826	
TITLE	VP	☑ Delete	TITLE	T	☐ Change ☑ Addition
NAME	MUSTO, VINCENT		NAME	CHARLES RUSSO	
STREET ADDRESS	15819 VILLA DR.		STREET ADDRESS	8506 Village Mill Row	
CITY-ST-ZIP	HUDSON, FL 346683837		CITY-ST-ZIP	BAYONET POINT, Fl. 34667-2661	
TITLE	D	☑ Delete	TITLE	FS	☑ Change ☐ Addition
NAME	PARISI, ANTHONY		NAME	ROBERT D'AMICO	
STREET ADDRESS	7630 VENICE DR.		STREET ADDRESS	10921 SANDTRAP DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY, FL. 34668-2423	
TITLE	T	☑ Delete	TITLE	S	☐ Change ☑ Addition
NAME	FUCA, JOSEPH S		NAME	LINDA CONFETTO	
STREET ADDRESS	9420 REGINA LA		STREET ADDRESS	7529 BERGAMOT DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY, Fl, 34668-3204	
TITLE	D	☑ Delete	TITLE	T	☐ Change ☑ Addition
NAME	DERRO, PETER		NAME	RALPH VASTANO	
STREET ADDRESS	12107 MEADOWBROOK LN		STREET ADDRESS	14436 PIMBERTON DRIVE	
CITY-ST-ZIP	BAYONET PT, FL 34667		CITY-ST-ZIP	HUDSON, Fl. 34667-8017	

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: 7-14-05 727-868-7363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #