2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State
08-15-2005 90079 048 ****61.25

DOCUMENT # 728269

1. Entity Name
ITALIAN AMERICAN CLUB OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
1471 CYPRESS AVENUE MELBOURNE, FL 32935	1471 CYPRESS AVENUE MELBOURNE, FL 32935

07132005 Chg-NP CR2E037 (10/03)

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

4. FEI Number ~~23-7385209~~ 59-3010458 ☐ 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
GRETTA, ROBERT F 354 ALBEDO AVE. SE. PALM BAY, FL 32909	Name CRISCI, MADDALENA Street Address (P.O. Box Number is Not Acceptable) 1555 N. HWY A1A #205 City INDIALANTIC FL Zip Code 32903

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 Maddalena Crisci Maddalena Crisci 8/10/05
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRETTA, ROBERT 354 ALBEDO AVE. SE PALM BAY, FL 32909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President CRISCI, MADDALENA 1555 N HWY A1A #205 INDIALANTIC, FL 32903 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRISCI, MADDALENA 1555 N HWY. A1A, #205 INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRETTA, CAROLINE 354 ALBEDO AVE S.E. PALM BAY, FL 32909 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PLACIDO, EMILY 2764 EMERSON ST. PALM BAY, FL 32909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Pelosi, Eli 2953 Redwood circle NE Palm Bay, FL 32905 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS URRETA, BARBARA 2400 CORAL RIDGE CIRCLE MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS CASTALDO, BETTY 1241 CREEL RD. NE PALM BAY, FL 32905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS CARDINAL, PIERRETTE 2816 SEBASTIAN LANE MELBOURNE, FL 32935 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Maddalena Crisci Maddalena Crisci 8/10/05 321-242-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #