

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728269

FILED  
Mar 18, 2009  
Secretary of State

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

## Current Principal Place of Business:

1471 CYPRESS AVENUE  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

1471 CYPRESS AVENUE  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 59-3010458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONA, FRANK  
2233 BREEZY CIRCLE  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

NICOLETTE, ROBERT  
1030 STARLING WAY  
VIERA, FL 32940 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: ROBERT NICOLETTE

03/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CONA, FRANK  
Address: 2233 BREEZY CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete  
Name: NICOLETTE, ROBERT  
Address: 1030 STARLING WAY  
City-St-Zip: VIERA, FL 32955

Title: T ( ) Delete  
Name: PELOSI, ELI  
Address: 2053 REDWOOD CIRCLE NE  
City-St-Zip: PALM BAY, FL 32905

Title: RS ( ) Delete  
Name: ROSA, SPICER  
Address: 92 EVELYN DRIVE  
City-St-Zip: MELBOURNE, FL 32934

Title: CS ( ) Delete  
Name: GRETТА, CAROLINE  
Address: 354 ALBEDO AVE SE  
City-St-Zip: PALM BAY, FL 32909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NICOLETTE, ROBERT  
Address: 1030 STARLING WAY  
City-St-Zip: VIERA, FL 32940

Title: VP (X) Change ( ) Addition  
Name: SPICER, ROSA  
Address: 92 EVELYN DRIVE  
City-St-Zip: MELBOURNE, FL 32934

Title: T (X) Change ( ) Addition  
Name: CICCONE, ANNETTE  
Address: 990 BADGER DRIVE NE  
City-St-Zip: PALM BAY, FL 32905

Title: RS (X) Change ( ) Addition  
Name: CROSS, SHIRLEY  
Address: 130 THERESA DRIVE  
City-St-Zip: MELBOURNE, FL 32934

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: ROBERT NICOLETTE

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date