

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 044 ****61.25

DOCUMENT # 735054						
1. Entity Name THE ITALIAN AMERICAN CLUB OF CHARLOTTE COUNTY, INC.				Principal Place of Business 25250 AIRPORT ROAD PUNTA GORDA, FL 33950		
Mailing Address 25250 AIRPORT ROAD PUNTA GORDA, FL 33950				30064057		
2. Principal Place of Business PO BOX 511071 Suite, Apt. #, etc.		3. Mailing Address PO BOX 511071 Suite, Apt. #, etc.				
City & State PUNTA GORDA, FL.		City & State PUNTA GORDA, FL.		4. FEI Number 59-1652190		
Zip 33951-1071		Country CHARLOTTE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ATTEROLE, AUGUSTINE 21535 DOLLARD AVE PORT CHARLOTTE, FL 33954				7. Name and Address of New Registered Agent Name: THERESA RABELL Street Address (P.O. Box Number is Not Acceptable): 103 S.W. PECKHAM STREET City: PORT CHARLOTTE, FL 33952		
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:		THERESA RABELL, FIN. SECRETARY AUGUST 26, 2005 (NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$81.25 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 PS	NAME ATTEROLE, AUGUSTINE		☒ Delete	TITLE P	NAME RAY WINTERHALTER	
STREET ADDRESS 21535 DOLLARD AVE	CITY-ST-ZIP PORT CHARLOTTE, FL 33954			STREET ADDRESS 1434 N.W. 38th PLACE	CITY-ST-ZIP CAPE CORAL, FL. 33993-9509	
TITLE VPT	NAME FARRUGGIO, GEORGE		☒ Delete	TITLE VP	NAME VERA DIBENEDETTO	
STREET ADDRESS 3250 WHITE IBIS CT APT 26B	CITY-ST-ZIP PUNTA GORDA, FL 33950			STREET ADDRESS 3800 BARNEGAT DRIVE	CITY-ST-ZIP PUNTA GORDA, FL. 33950	
TITLE 	NAME 		☐ Delete	TITLE T	NAME BARBARA JAKLITSCH	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 18613 LAKE WORTH BLVD.	CITY-ST-ZIP PORT CHARLOTTE, FL. 33948	
TITLE 	NAME 		☐ Delete	TITLE S	NAME BRENDA IANNIELLO	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 24257 SANTA INEZ ROAD	CITY-ST-ZIP PUNTA GORDA, FL. 33955	
TITLE 	NAME 		☐ Delete	TITLE Financial Secretary	NAME THERESA RABELL	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 103 S.W. PECKHAM STREET	CITY-ST-ZIP PORT CHARLOTTE, FL. 33952	
TITLE 	NAME 		☐ Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 	
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:		THERESA RABELL		AUG. 26, 2005		941-629-5246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		