

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State



DOCUMENT # 735883

1. Entity Name

ITALIAN CLUB CEMETERY, INC.

Principal Place of Business

1731 E 7TH AVE
P.O. BOX 5054
TAMPA FL 33605

Mailing Address

3301 CORONA ST.
TAMPA FL 33629-8031
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-1724730

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PARDO, VINCE J.
16901 CEDAR BLUFF DRIVE
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Grace S. Campisi, President
Signature, typed or printed name of registered agent must file, if applicable.
GRACE S. CAMPISI

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
P	CAMPISI, GRACE S.	3301 CORONA ST	TAMPA FL 33629-8031	<input type="checkbox"/>
VP	MARTINO, TOM P	2018 E 7TH AVE	TAMPA FL 33605	<input type="checkbox"/>
T	SEDLITA, JOE	6625 BAYBROOKS CIR.	TAMPA FL 33617	<input type="checkbox"/>
PP	CALTAGIRONE, JOE P	18902 APIAN WAY	LUTZ FL 33549	<input type="checkbox"/>
RSD	IPPOLITO, GRACE	1022 EMERALD DR	BRANDON FL 33511	<input type="checkbox"/>
D	HARDIE, ROSE	12401 N 22ND ST APT E703	TAMPA FL 33612	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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02/08/07-80064-021 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Grace S. Campisi

1/30/07

(813) 839-3249