


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 016 ****61.25

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 #
 Suite, Apt. #, etc.

3. Mailing Address
 2018 E. 7th Avenue
 Suite, Apt. #, etc.

City & State
 Tampa, FL

City & State
 Tampa, FL

Zip
 33605

Country
 USA

6. Name and Address of Current Registered Agent
 PARDO, VINCE J.
 16901 CEDAR BLUFF DRIVE
 TAMPA, FL 33618

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$61.25 Due by May 1, 2008

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 P	NAME CAMPISI, GRACE S. STREET ADDRESS 3301 CORONA ST CITY-ST-ZIP TAMPA, FL 336298031	<input checked="" type="checkbox"/> Delete	TITLE P NAME MARTINO, TOM P STREET ADDRESS 2018 E 7TH AVE CITY-ST-ZIP TAMPA, FL 33605
TITLE VP	NAME MARTINO, TOM P STREET ADDRESS 2018 E 7TH AVE CITY-ST-ZIP TAMPA, FL 33605	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME SEDTA, JOE STREET ADDRESS 6625 BAYBROOKS CIR. CITY-ST-ZIP TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PP	NAME CALTAGIRONE, JOE P STREET ADDRESS 18902 APIAN WAY CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE RSD	NAME IPPOLITO, GRACE STREET ADDRESS 1022 EMERALD DR CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME HARDIE, ROSE STREET ADDRESS 12401 N 22ND ST APT E703 CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE T NAME PAUL FERLITA STREET ADDRESS 2014-A E. 7TH AVE CITY-ST-ZIP TAMPA, FL 33605
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/3/08** **813-248-6111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40010001



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1724730 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required