

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735883

FILED  
May 08, 2009  
Secretary of State

Entity Name: ITALIAN CLUB CEMETERY, INC.

**Current Principal Place of Business:**

1731 E 7TH AVE  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

1731 E 7 AVE  
TAMPA, FL 33605 US

**New Mailing Address:**

P.O. BOX 5054  
TAMPA, FL 33675 US

FEI Number: 59-1724730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHRISTALDI, RONALD A  
101 E KENNEDY BLVD STE 2800  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTINO, TOM P  
Address: 2018 E 7TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: T ( ) Delete  
Name: FERLITA, PAUL  
Address: 2014-A 7TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: PP ( ) Delete  
Name: CALTAGIRONE, JOE P  
Address: 18902 APIAN WAY  
City-St-Zip: LUTZ, FL 33549

Title: RSD ( ) Delete  
Name: IPPOLITO, GRACE  
Address: 1022 EMERALD DR  
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete  
Name: HARDIE, ROSE  
Address: 12401 N 22ND ST APT E703  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MANNA, SAM  
Address: 2901 N. PERRY AVE.  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CENTINARO, JOHN  
Address: 2704 W. JUNEAU ST.  
City-St-Zip: TAMPA, FL 33614

Title: SEC (X) Change ( ) Addition  
Name: HEINEN, JO ANN  
Address: 3301 BAYSHORE BLVD. #1710  
City-St-Zip: TAMPA, FL 33629

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: SAM MANNA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

05/08/2009

\_\_\_\_\_  
Date