

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735892

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: ITALIAN CLUB OF TAMPA, INC.

**Current Principal Place of Business:**

1731 E. 7TH AVE.  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5054  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 59-1926144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENTLEY, MARK  
201 N. FRANKLIN STREET, SUITE 2200  
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: PD ( ) Delete  
Name: GUAGLIARDO, SAL  
Address: 5807 MARINER STREET  
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete  
Name: CANNELLA-VANBELZEN, STEPHANIE  
Address: 3504 CORONA STREET  
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete  
Name: KOPELMAN, FELICIA  
Address: 3304 W. KNIGHTS AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete  
Name: MORTELLARO, DOUGLAS J CPA  
Address: 18125 U.S. HWY 41 N., SUITE 201  
City-St-Zip: LUTZ, FL 33549

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

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

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

Title: SD (X) Change ( ) Addition  
Name: KOPELMAN, FELICIA  
Address: 322 SIENNA DR.  
City-St-Zip: CHAPIN, SC 29036

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: SAL GUAGLIARDO

PD

01/08/2008

Electronic Signature of Signing Officer or Director

Date