FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:08

DOCUMENT # **738174** **(2)**

1. Corporation Name

ITALIAN AMERICAN CIVIC CLUB OF COOPER CITY, INC.

Principal Place of Business	Mailing Address
% LOREN D SELIX 11320 TAFT STREET PEMBROKE PINES FL 33026	% LOREN D SELIX 11320 TAFT STREET PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1977
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2764484 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELIX, LOREN D.
11320 TAFT STREET
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: LOREN D. SELIX SECRETARY/DIRECTOR — 3/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VD	RINGI, GRACE 9401 MEADOWS CIRCLE MIRAMAR, FL.
NAME	~~PASQUA, DOMINICK~~	12 NAME		
STREET ADDRESS	~~7520 BRANCH ST.~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~HOLLYWOOD FL 32024~~	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	V	CAMARASANA, VITO 8440 N.W. 16 ST. PEMBROKE PINES, FL 33024
NAME	~~RINGI, GRACE~~	22 NAME		
STREET ADDRESS	~~9401 MEADOWS CIRCLE~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~MIRAMAR FL~~	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	PASQUA, JOSEPHINE 7520 BRANCH ST HOLLYWOOD, FL 32024
NAME	~~TORITTO, ANN~~	32 NAME		
STREET ADDRESS	~~9800 SW 56TH CT~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~COOPER CITY FL~~	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	PD	PASQUA, DOMINICK 7520 BRANCH ST HOLLYWOOD, FL 32024
NAME	~~PRESTI, FILOMENA~~	42 NAME		
STREET ADDRESS	~~2121 N.W. 65TH CT.~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~PEMBROKE FL 33024~~	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	T	PRESTI, FILOMENA 650 S.W. 124 TERRACE #312 PEMBROKE PINES, FL 33027
NAME	~~ZACHAREWICZ, DOROTHY~~	52 NAME		
STREET ADDRESS	~~650 S.W. 124TH TERRACE #312~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~PEMBROKE FL 33027~~	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE	SD	SELIX, LOREN D 11320 TAFT ST PEMBROKE PINES, FL 33026
NAME	~~SELIX, LOREN, D~~	62 NAME		
STREET ADDRESS	~~11020 TAFT STREET~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LOREN D SELIX — 3/29/95 — (305) 435-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034440