

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738458

FILED
Apr 09, 2009
Secretary of State

Entity Name: ITALIAN-AMERICAN SOCIAL CLUB AT PALM COAST, INC.

Current Principal Place of Business:

45 OLD KINGS RD
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351067
PALM COAST, FL 321351067

New Mailing Address:

45 OLD KINGS RD
PALM COAST, FL 32137

FEI Number: 59-1972503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, P.A., JEROLD K
1326 S. RIDGEWOOD AVE
STE 22
DAYTONA BEACH, FL 32114 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: PRES () Delete
Name: MERCANTE, MICHAEL
Address: 91 LAGARE ST
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: BARLETTA, LOUIS
Address: 15 FARMDALE LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: MINOTTI, JOSEPH
Address: 77 WELLWATER DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: T (X) Delete
Name: BISHOP, JOANNE
Address: 119 WOODHAVEN DR
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: SANGUINETTI, ANITA
Address: 17 WOODWARD LN
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Delete
Name: BIG MOUNTAIN, LOIS
Address: 9 RALPH PLACE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SACCAVINO, ALEXANDER
Address: 457 JUNIPER LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Change () Addition
Name: JAWORSKI, JOSEPH J
Address: 90 LA MANCHA DRIVE
City-St-Zip: PALM COAST, FL 32137

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

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

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: ALEXANDER SACCAVINO

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date