

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738458

FILED  
Feb 22, 2011  
Secretary of State

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

**Current Principal Place of Business:**

45 OLD KINGS RD NORTH  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

45 OLD KINGS RD NORTH  
PALM COAST, FL 32137

**New Mailing Address:**

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:**

SCIFO, JOHN M  
160 CYPRESS POINT PARKWAY  
UNIT C102  
PALM COAST, FL 32164 US

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: JOHN M. SCIFO

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LACORTE, PATRICIA  
Address: 12 CLOVERDALE COURT S  
City-St-Zip: PALM COAST, FL 32137

Title: VP  
Name: BIGMOUNTAIN, LOIS  
Address: 9 RALPH PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: T  
Name: MAYNE, TOMME  
Address: 22 BAYSIDE DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: S  
Name: LUKE, MARIE  
Address: 2 FREEMONT COURT  
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA LACORTE

PRES

02/22/2011

Electronic Signature of Signing Officer or Director

Date