## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #741595**

1. Entity Name
FLORIDA FEDERATION OF ITALIAN/AMERICAN CLUBS, INC.



FILED Mar 20, 2006 8:00 am Secretary of State

03-20-2006 90013 025 \*\*\*\*61.25

					AGD M						
2300 SW 112 AV 230			Mailing Address 2300 SW 112 AV DAVIE, FL 33325	2300 SW 112 AV			4 4 <b>8 8</b> 714 1 <b>8 6</b> 11 1	1821 (1831 8))18 18181 81			::(F)
2. Principal P	lace of Busin	ness	3. Mailing Address			<u></u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01172006	Chg-NP	CR2E	37 (11/05)		
City & State		City & State				4. FEI Number 65-0291		•	<b>!</b> +	plied For	
Zip Country		Zip	Zip Cou		5. Certificate of S		of Status Desired	tatus Desired		litional	
6. Name and Address of Current Register			Registered Agent	ed Agent			7. Name and Address of New Registered Agent				
					Name						
CASEY, SHERRY 2300 SW 112 AVE DAVIE, FL 33325				Street Address			(P.O. Box Number is Not Acceptable)				
					City				FI	Zip Code	9
8. The above	named entit	v submits this statement for	the purpose of changing it	s register	l ed office o	r register	ed agent, or both	n in the State of F			and accept
i	ions of regis	•	the purpose of changing in	o register	od omoc o	registor	oo agom, or boa	, at the state of the	ionoa. Tan	Trairmed with,	and accept
SIGNATURE							DATE		·		
Filing Fee is \$61.25 Due by May 1, 2006			9 Flection Co	9. Election Campaign Financing Trust Fund Contribution.					Maka aba	ck payable t	_
1 2.	_				-		\$5.00 May Be Added to Fees			ertment of Si	
10.	_		Trust Fund		ion.		Added to Fees		rida Depa	ertment of St	tate
10.	_	flay 1, 2006	Trust Fund	Contribut	ion.	<i>,</i>	Added to Fees	Flo	rida Depa	PIRECTORS IN	iate
10.	Oue by N	May 1, 2006 OFFICERS AND DIF	Trust Fund	Contribut	ion.	PD	Added to Fees	Flo	rida Depa	ertment of St	tate
10.	VPD PETRECE	flay 1, 2006	Trust Fund	11.	ion.	PD PETRE	Added to Fees ADDITIONS/CHA	Flo	rida Depa	PIRECTORS IN	iate
10. TITLE	VPD PETRECE 2107 NE	OFFICERS AND DIF	Trust Fund	11. TITL NAM	ion.  E	PD PETREC 2107 NE	Added to Fees  ADDITIONS/CHA  CCIA, BERNIE  56TH PLACE	Flo	rida Depa	PIRECTORS IN	iate
10. TITLE' NAME STREET ADDRESS CITY-ST-ZIP	VPD PETRECE 2107 NE FORT LA	OFFICERS AND DIF	Trust Fund	11. TITL NAM STRI	E RE EET ADDRESS '-ST-ZIP	PD PETREC 2107 NE FT. LAU	Added to Fees ADDITIONS/CHA	Flo	rida Depa	DIRECTORS IN Change	110 Addition
10. TITLE' NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPD PETRECE 2107 NE FORT LA	OFFICERS AND DIF OFFICERS AND DIF CIA, BERNIE 56TH PLACE UDERDALE, FL 33308	Trust Fund	11. TITL NAM	E RE EET ADDRESS '-ST-ZIP	PD PETREC 2107 NE FT. LAU VPD	Added to Fees ADDITIONS/CHA CCIA, BERNIE E 56TH PLACE IDERDALE, FL 3	Flo	rida Depa	PIRECTORS IN	iate
10. TITLE' NAME STREET ADDRESS CITY-ST-ZIP	VPD PETRECC 2107 NE FORT LA SD MELE, AF	OFFICERS AND DIF CIA, BERNIE 56TH PLACE UDERDALE, FL 33308	Trust Fund	11. TITL NAM STRI CITY TITL NAM	E RE EET ADDRESS '-ST-ZIP	PD PETREC 2107 NE FT. LAU VPD PHYLLIS	Added to Fees ADDITIONS/CHA CCIA, BERNIE E 56TH PLACE IDERDALE, FL 3 S JENSEN	Flo	rida Depa	DIRECTORS IN Change	110 Addition
10.  TITLE' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VPD PETRECE 2107 NE FORT LA SD MELE, AF 309 N. 31	OFFICERS AND DIF OFFICERS AND DIF CIA, BERNIE 56TH PLACE UDERDALE, FL 33308	Trust Fund	TITL NAM STRI CITY NAM STRI CITY	E RE RET ADDRESS '-ST-ZIP E	PD PETREC 2107 NE FT. LAU VPD PHYLLIS 407 SEA	Added to Fees ADDITIONS/CHA CCIA, BERNIE E 56TH PLACE IDERDALE, FL 3 S JENSEN AGULL AVE.	Flo	rida Depa	DIRECTORS IN Change	110 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3)14/06

Daytime Phone #