

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741595

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2300 SW 112 AV  
DAVIE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

2300 SW 112 AV  
DAVIE, FL 33325 US

**New Mailing Address:**

**FEI Number:** 65-0291114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASEY, SHERRY  
2300 SW 112 AVE  
DAVIE, FL 33325 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: JENSEN, PHYLLIS M  
Address: 407 SEAGULL AVENUE  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: MELE, ARLEEN  
Address: 3324 CRABAPPLE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TD ( ) Delete  
Name: CASEY, SHERRY  
Address: 2300 SW 112 AVE  
City-St-Zip: DAVIE, FL 33325

Title: VPD ( ) Delete  
Name: CONTINO, JOSEPH  
Address: 2501 ANTIGUA TERRACE, L-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete  
Name: ORRISON, LEE  
Address: 267 S. WESTVIEW COURT  
City-St-Zip: MELBOURNE, FL 32934

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: ORRISON, LEE  
Address: 3401 CRABAPPLE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: SHERRY CASEY

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date