

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90048 023 \*\*\*\*61.25

**DOCUMENT # 763628**

1. Entity Name

ITALIAN AMERICAN CLUB OF SEBASTIAN, INC.



Principal Place of Business

Mailing Address

861 SEBASTAIN BLVD  
SEBASTIAN FL 32958  
US

861 SEBASTAIN BLVD  
SEBASTIAN FL 32958  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2339764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LULICH, STEVEN  
1623 US LSTE B-5  
SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete  
NAME CARRANO, AGNIS  
STREET ADDRESS 861 SEBASTIAN BLVD  
CITY- ST- ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE PD ☒ Delete  
NAME FLOWERS, LARRY  
STREET ADDRESS 861 SEBASTIAN BLVD  
CITY- ST- ZIP SEBASTIAN FL 32958

TITLE PD ☐ Change ☒ Addition  
NAME VINCENT GALASSO  
STREET ADDRESS 875 ROSEBUSH TERR  
CITY- ST- ZIP SEBASTIAN, FL 32958

TITLE T ☒ Delete  
NAME CAPUANO, MARY ANN  
STREET ADDRESS 861 SEBASTIAN BLVD  
CITY- ST- ZIP SEBASTIAN FL 32958

TITLE T ☐ Change ☒ Addition  
NAME SHIRLEE MORRIS  
STREET ADDRESS 1261 BARBER ST  
CITY- ST- ZIP SEBASTIAN, FL 32958

TITLE VPD ☒ Delete  
NAME PINDER, SAMANTHA  
STREET ADDRESS 861 SEBASTIAN BLVD.  
CITY- ST- ZIP SEBASTIAN FL 32958

TITLE VPD ☐ Change ☒ Addition  
NAME STEVEN AGRESTI  
STREET ADDRESS 8136 99TH AVE  
CITY- ST- ZIP SEBASTIAN, FL 32958

TITLE D ☐ Delete  
NAME FRAUMENI, PHIL  
STREET ADDRESS P.O. BOX 612  
CITY- ST- ZIP ROSELAND FL 32958

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Delete  
NAME GALASSO, VINCENT  
STREET ADDRESS 875 ROSEBUSH TERRACE  
CITY- ST- ZIP SEBASTIAN FL 32958

TITLE D ☐ Change ☒ Addition  
NAME GEORGE KOLIAS  
STREET ADDRESS 961 SOUTH EASY ST  
CITY- ST- ZIP SEBASTIAN, FL 32958

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Shirlee Morris* SHIRLEE MORRIS

3/23/07

772-589-7691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #