FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary # State DIVISION OF CORPORATIONS

1996

DOCUMENT #

764260

(6)

ITALIAN-AMERICAN CIVIC LEAGUE OF BROWARD COUNTY, INC.									
Principal Place of Business Mailing Address						6 100911 10010 01111 01010 11010 01111 0	OLE MINICE DIALE	##	M11 M1M11 1MM1
700 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020 700 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020									
						3. Date Incorporated or Qualified 07/22/1982		of Last Ri 5/01/19	
9 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2a. Mailing Address				4. FEI Number	<u>v</u>		oplied For
2. Principal Pla	ice of Business	26			59-0655470	Not Applicable			
Suite, Apt. #	J. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			5. Certificate of Status Desired		Fee Re	equired	
City & State		City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		This corporation has liability for in Florida Statutes	tangible tax I Yes □ N		99.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	9. Name and Address of Correct	i negisterea Agent		81	Name				
ATHORA INOTORIA				82	Street Address (P.O. Box Number is Not Acceptable)				
SEMORA, VICTORIA			82	Street Address	SS (F.O. DOX NUMBER IS NOT ACCORDING				
2330 HOLLYWOOD BOULEVARD SUITE 200				83					
HOLLYWOOD FL 33020				84	City			85 Zip	Code
					•		FL	1 1	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the abo	ove-n	amed corporal	tion submits this statement for the purp of directors. I hereby accept the appo	ose of chan intment as r	iging its rej egistered a	gistered office agent. I am
a familiar wi	th, and accept the obligations of, Sect	ion 617,0503, Florida Statute	S.	O C . P .		, , , ,		_	
SIGNATURE .					t signature required i	A Control of the Cont	DATE		
120	Signature, typed or printed name of registered agent OFFICERS AN		13.	a Agen	t signature required i	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE		DELETE	1.1 7	ITLE] Change	☐ Addition
MAME	PD Abbattista, Dominic		1.2 N	IAME] ,	predent.			
STREET ADDRESS	11591 SW 12 ST		1.3 S	TREET	ADDRESS /	reseden .			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 0	HY-S	T-ZIP				
TITLE	VD DELETE 2.1		2.1 T	TLE		Januarial See] Change	Addition Addition
NAME	RENALDO, PAUL		22 N	IAME		Lat the Price	dia	t -	
STREET ADDRESS	6601 EVERGREEN DR.		2.3 S	TREET	ADDRESS	A VER Par	,		
CITY-ST-ZIP	MIRAMAR FL 33	023			ST-ZIP			7.01	C Maria
TITLE	SD	DELETE		TITLE	i. 📛		ا ــــــــــــــــــــــــــــــــــــ	_ Unange	☐ Addition
NAME	WOLTER, C. TINA			IAME		Formanneal Dev	re l'ar	4	
STREET ADDRESS	601 SW 6 AVENUE	-			ADDRESS	JERE RECEIVED		(
CITY-ST-ZIP	HALLANDALE FL 3300	TADDLETC		CITY - : Title	ST-ZIP			1 Change	Addition
TITLE	TD	DELETE		name	ا		_		
NAME	CONFORTI, PERLA				ADDRESS				
STREET ADDRESS	5501 HOLLYWOOD BLVD #2	2			ST-ZIP				
CITY-ST-ZIP	HOLLYWOOD FL	DELETE		TITLE				Change	Addition
TITLE NAME	Son			NAME		. 0	_		
STREET ADDRESS	Munca Brown	ST.			ADDRESS	Ind Vier Price	level		
CITY-S1-ZIP	sines Sac 1434 may	33020			ST-2IP				
TITLE	- Juvo v	DELETE		TITLE		70000178 -04/22/96010	بر حري	Change	Addition
NAME			6.21	NAME	Dame	70000176	500	5 「	
STREET ADDRESS			6.3	STREE	ADDRESS	-04/22/96010	JDUU	iQ	

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 of changed, or of an any chament with an address. 930-4013 Daytime Prone #

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