## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** 'ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔭 🔧 Secretary of State

DIVISION OF CORPORATIONS

1997

764260

(6)

DOCUMENT # ITALIAN-AMERICAN CIVIC LEAGUE OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

## **FILED** May 27 1997 8:00am Secretary of State



Filliopal Flace of Business Walling Address							
700 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020							
					3. Date Incorporated or Qualified 3a. Date of Last R 07/22/1982 04/21/19	3a. Date of Last Report 04/21/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	oplied For	
21 26						ot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				I S Contingeto of Status Hagiran I I	Additional equired	
City & State	City & State					May Be to Fees	
Zip Country 24 25	Zip Country 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81				Name Raul Renaldo			
SEMORA, VICTORIA 2330 HOLLYWOOD BOULEVARD SUITE 200			82 Street Address (P.O. Boy Number is Not Acceptable)				
			83		Hollywood, Fl. 33020		
HOLLYWOOD FL 33020			84	City	os Zin	Code	
			_	•	FL   T		
11. Pursuant to the profisions of Sections 617-3602 and 617-1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered office or registered of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am families with, and accept the obligations of Section 617.0503, Florida Statutes.							
SIGNATURE    SIGNATURE   Signature typed or pringer name of registered a and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE							
12. OFFICERS AND		13.	1 MGeill	aigi iaitii e	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE PD	Z DELETE		1.1 TITLE			Addition 8	
NAME ABBATTISTA, DOMINIC		1.2 NAME			George Curcurato		
STREET ADDRESS 11591 SW 12 ST		1.3 STREE		DDRESS			
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY- S		ZIP	full Wish, F1. 33 orly		
TITLE VD	☐ DELETE	TE 2.1 TITLE		ļ	Renatas. Paul Change	Addition C	
NAME RENALDO, PAUL		2.2 NAME			6601 Evergreen Dr.	1	
STREET ADDRESS 6601 EVERGREEN DR.		2.3 STREET		DDRESS	Muramar, 72		
CITY-ST-ZIP MIRAMAR FL	DELETE	2. 4 CITY - S 3.1 TITLE		- 71P	Change	Addition	
NAME WOLTER, C. TINA					Change	Addition	
STREET ADDRESS 601 SW 6 AVENUE		3.2 NAME 3.3 STREET		UDBESS			
CITY-ST-ZIP HALLANDALE FL		3.4. CITY - S					
TITLE 2VD	DELETE	4.1 TITLE			☐ Change	Addition	
NAME SACCE, JAMES		4.2 N					
STREET ADDRESS 1434 MAYO ST		4.3 ST	REET AL	ODRESS		j	
CITY-ST-ZIP HOLLYWOOD FL 33020		4.4 CITY - S1		ZIP		1	
TIFLE <b>D</b>	☐ DELETE	5.1 TIT	5.1 TITLE		VP ☐ Change	Addition	
NAME Aldo Bagiotti		5.2 NAME			Joseph Pace 1811 Jeflerson St/#401	1 D	
STREET ADDRESS 4318 Grant St.		5.3 STREFT AD		DDRESS	1811 Jefferson St/#401 ( ~)	/\\d'	
CITY-ST-ZIP Hollywood, fl 3302			5.4 CITY- ST-21		Hollywood, FL 33021	2	
TITLE D	☐ DELETE		61 TITLE		☐ Change	Addition	
Joseph Agosta			6.2 NAME		<b>4</b> —		
STREET ADDRESS 1720 Cleveland St.		6.3 STREET AL		į	BK Dep \$ 6125		
CITY-ST-ZIP Hollywood R1 330:	with this filing does not qualif		IY-ST-		ated in Section 119 07/3\(\text{ii}\). Florida Statules, 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 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 12 or Block 13 if changed, or on an attachment with an address.