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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764260

1. Corporation Name

ITALIAN-AMERICAN CIVIC LEAGUE OF BROWARD COUNTY,
INC.

Principal Place of Business
700 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020

Mailing Address
700 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/22/1982

4. FEI Number

59-0655470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RENALDO, PAUL
700 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Anthony Iovino

82 Street Address (P.O. Box Number is Not Acceptable)
700 South Dixie Highway

83

84 City Hollywood, FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Anthony Iovino, President

4/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME PACE, JOSEPH
STREET ADDRESS 1811 JEFFERSON ST STE 98
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VP
NAME MELE, MICHAEL
STREET ADDRESS 309 N 31ST AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D
NAME IOVINO, ANTHONY
STREET ADDRESS 5025 LINCOLN ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D
NAME BAGIOTTI, ALDO
STREET ADDRESS 4318 GRANT ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D
NAME AGOSTA, JOSEPH
STREET ADDRESS 1720 CLEVELAND ST.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Mele, Michael
2.2 NAME 309 N 31st Ave
2.3 STREET ADDRESS Hollywood, FL 33021
2.4 CITY-ST-ZIP

3.1 TITLE Pres.
3.2 NAME Iovino, Anthony
3.3 STREET ADDRESS 5025 Lincoln St.
3.4 CITY-ST-ZIP Hollywood, FL 33021

4.1 TITLE V.P.
4.2 NAME Bagioti, Aldo
4.3 STREET ADDRESS 4318 Grant St.
4.4 CITY-ST-ZIP Hollywood, FL 33021

5.1 TITLE Sec
5.2 NAME Colter, Tina
5.3 STREET ADDRESS 601 S.W. 6th Ave, Hallandale, FL 33009
5.4 CITY-ST-ZIP

6.1 TITLE T. Limia, Josephine
6.2 NAME 46 Briarwood Cr.
6.3 STREET ADDRESS Hollywood, FL 33024
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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, with all other like empowered.

Anthony Iovino, Pres.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

954-920-4013

Date

Daytime Phone #

CR2E037 (11/98)