

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 764260

FILED
Oct 06, 2008
Secretary of State

Entity Name: ITALIAN-AMERICAN CIVIC LEAGUE OF BROWARD COUNTY, INC.

Current Principal Place of Business:

700 SOUTH DIXIE HIGHWAY
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

700 SOUTH DIXIE HIGHWAY
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-0655470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGIOTTI, ALDO
4318 GRANT ST
HOLLYWOOD, FL 33021 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: ALDO BAGIOTTI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: INGRASSIA, ANDREW
Address: 1893 S OCEAN DR 909
City-St-Zip: HALLANDALE, FL 33009

Title: VPD () Delete
Name: CUCINOTTA, SONIA
Address: 12526 SW 9TH PL
City-St-Zip: DAVIE, FL 33325

Title: PD () Delete
Name: IOVINO, ANTHONY
Address: 2030 S OCEAN DR 520
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: WOLTER, TINA
Address: 601 SW 6 AVE
City-St-Zip: HALLANDALE, FL 33009

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: S (X) Change () Addition
Name: CHIOFOLO, RITA
Address: 5100 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: ANTHONY IOVINO

PD

10/06/2008

Electronic Signature of Signing Officer or Director

Date