

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000999

FILED
Feb 18, 2011
Secretary of State

Entity Name: ITALIAN CULTURAL FOUNDATION, INC.

Current Principal Place of Business:

6017 PINE RIDGE ROAD
PMB 104
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6017 PINE RIDGE ROAD
PMB 104
NAPLES, FL 34119

New Mailing Address:

FEI Number: 74-3001424 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRESCENZI, ADAM
840 SAILAWAY LANE #204
NAPLES, FL 34108 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: PEDINI, KENNETH
Address: 646 BRIDGEWAY LANE
City-St-Zip: NAPLES, FL 34108

Title: D
Name: SMITH, BRADLEY R
Address: 27657 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P
Name: DELFINO, JOSEPH C
Address: 662 VINTAGE RESERVE CIRCLE #D
City-St-Zip: NAPLES, FL 34119

Title: VP
Name: CRESCENZI, ADAM
Address: 840 SAILAWAY LANE #204
City-St-Zip: NAPLES, FL 34108

Title: S
Name: FIANO, DELORES
Address: 8817 VENTURA WAY
City-St-Zip: NAPLES, FL 34110

Title: D
Name: CAPPALLI, RICHARD
Address: 9190 TROON LAKES DRIVE
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: ADAM CRESCENZI

D

02/18/2011

Electronic Signature of Signing Officer or Director

Date