

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004189

FILED
Jan 14, 2009
Secretary of State

Entity Name: ITALIAN CULTURAL SOCIETY OF NAPLES, FLORIDA, INC.

Current Principal Place of Business:

5051 CASTELLO DR.
STE 33
NAPLES, FL 34103

New Principal Place of Business:

840 SAILAWAY LANE
UNIT 204
NAPLES, FL 34108

Current Mailing Address:

6017 PINE RIDGE ROAD PMB 104
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3726530 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARAPIGLIA, ROSE
1226 BENTLEY DR
NAPLES, FL 34110 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: VD () Delete
Name: ABBATE, ANTHONY
Address: 2860 TIMBERLING DR
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: IZZO, ANTHONY
Address: 4301 GULF SHORE BLVD. # 1703
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: CRESCENZI, ADAM
Address: 890 SAILAWAY LANE #204
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: PARAPIGUA, ROSE
Address: 1226 BENTLEY DR
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: LUCONI, FRED
Address: 7999 VIZCAYA WAY
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DIPIERRO, JEAN
Address: 295 GRANDE WAY
City-St-Zip: NAPLES, FL 34110

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: DS () Change (X) Addition
Name: IAIZZO, EILEEN
Address: 6573 MARISSA LOOP #1902
City-St-Zip: NAPLES, FL 34108

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: ROSE PARAPIGLIA

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01/14/2009

Electronic Signature of Signing Officer or Director

Date