

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004189

FILED
Jan 14, 2010
Secretary of State

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

Current Principal Place of Business:

840 SAILAWAY LANE
UNIT 204
NAPLES, FL 34108

New Principal Place of Business:

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: T
Name: ABBATE, ANTHONY
Address: 2860 TIMBERLINE DR
City-St-Zip: NAPLES, FL 34109

Title: V
Name: DIPIERRO, JEAN
Address: 295 GRANDE WAY
City-St-Zip: NAPLES, FL 34110

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

Title: S
Name: MANNINO, GRACE
Address: 140 SEAVIEW COURT #1802
City-St-Zip: NAPLES, FL 34145

Title: VD
Name: LUCONI, FRED
Address: 7999 VIZCAYA 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

P

01/14/2010

Electronic Signature of Signing Officer or Director

Date