


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90288 007 ****61.25

DOCUMENT # N02000002456	
1. Entity Name ITALIAN AMERICAN CLUB OF NORTH LAUDERDALE, INC.	

Principal Place of Business 8201 NW 74TH AVE FORT LAUDERDALE, FL 33321	Mailing Address 8201 NW 74TH AVE FORT LAUDERDALE, FL 33321
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2. Principal Place of Business 370 NW 76 AVE.	3. Mailing Address 370 NW 76 AVE
Suite, Apt. #, etc. B106 15 #203	Suite, Apt. #, etc. B106 15 #203
City & State MARGATE FL.	City & State MARGATE FL.
Zip 33063	Country



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number 13-4212310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MELA, ANGELO 8201 NW 74TH AVE FORT LAUDERDALE, FL 33321	7. Name and Address of New Registered Agent Name ANGELO MELA Street Address (P.O. Box Number is Not Acceptable) 370 NW 76 AVE B106 15 #203 City MARGATE FL Zip Code 33063
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSA, CHARLES 8209 NW 73TH AVE. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUADIO, JOE 4400 NW 30TH STREET COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELA, ANGELO 8201 NW 74TH AVE, TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 370 NW 76 AVE B106 15 #203 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONE, TONY 6719 NW 70TH ST. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAPRIA, GRACE 5102 NW 53RD STREET FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. & SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOSEPHINE GERMANO 9320 LIME BAY BLVD #304 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANNONE, JOSEPH 8270 NW 95TH AVENUE FORT LAUDERDALE, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/23/04 DAYTIME PHONE #