

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003095

FILED
Feb 12, 2006
Secretary of State

Entity Name: BROWARD COUNCIL OF ITALIAN AMERICAN CLUBS, INC.

Current Principal Place of Business:

309 N. 31ST AVENUE
HOLLYWOOD, FL 33021

New Principal Place of Business:

232 OCEANIC AVE
LAUDERDALE BY THE SEA, FL 33308

Current Mailing Address:

309 N. 31ST AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

232 OCEANIC AVE
LAUDERDALE BY THE SEA, FL 33308

FEI Number: 36-4564122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELE, MICHAEL
309 N. 31ST AVENUE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

PETRECCIA, RITA
232 OCEANIC AVE
LAUDERDALE BY THE SEA, FL 33308 US

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: RITA PETRECCIA

02/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELE, MICHAEL F
Address: 309 N. 31ST AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: MELE, MIKE
Address: 309 N. 31ST AVE.
City-St-Zip: HOLLYWOOD, FL 33308

Title: VPD () Delete
Name: MARINO, ROBERT
Address: 3300 N. STATE ROAD #7, B-193
City-St-Zip: HOLLYWOOD, FL 33021

Title: RSD () Delete
Name: GIANNETTINO, IDA
Address: 3300 N. STATE ROAD 7, B-187
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: HARRINGTON, ANGELA
Address: 5428 N.W. 45TH WAY
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PETRECCIA, RITA
Address: 232 OCEANIC AVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

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

Title: VPD (X) Change () Addition
Name: CONTINO, JOSEPH
Address: 2501 ANTIGUA TERRACE APT O-2
City-St-Zip: COCONUT CREEK, FL 33066

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RITA PETRECCIA

PD

02/12/2006

Electronic Signature of Signing Officer or Director

Date