

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000008711

**1. Entity Name
ITALIAN CULTURE FOUNDATION, INC.**



**Principal Place of Business
4545 W HILLSBOROUGH AVE
TAMPA, FL 33614**

**Mailing Address
4545 W HILLSBOROUGH AVE
TAMPA, FL 33614**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
20-0973732

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARCIA, MICHAEL
4545 W HILLSBOROUGH AVE
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHILLURA, JOE
STREET ADDRESS	4506 FERNICROFT CIR
CITY-ST-ZIP	TAMPA, FL 336294248
TITLE	ST
NAME	GARCIA, MICHAEL
STREET ADDRESS	4545 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80022-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #