

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005765

FILED
Mar 09, 2009
Secretary of State

Entity Name: ITALIAN AMERICAN SOCIAL CLUB OF THE PALM BEACHES INC.

Current Principal Place of Business:

120 LAKE CONSTANCE DRIVE
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

120 LAKE CONSTANCE DRIVE
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 41-2169601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, GILBERT
120 LAKE CONSTANCE DRIVE
WEST PALM BEACH, FL 33411 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: P () Delete
Name: MARTIN, GILBERT
Address: 120 LAKE CONSTANCE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: V () Delete
Name: RAO, VINCENT
Address: 3811 SUMMER CREEK DR
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: GRIMALD, JEAN
Address: 1305 COUNTRY GREEN BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: FASANO, JOSPHINE
Address: 44863 BROOK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: THOMAS, PEGGY
Address: 2521 EMORY WEST SUITE E
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: CLIONKA, LUCILLE
Address: 6238 RED CEDAR CIRCLE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: GILBERT MARTIN

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date