


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N06000008063</b>                                                  |  |
| <b>1. Entity Name</b><br>ITALIAN AMERICAN SOCIETY OF SOUTHWEST<br>FLORIDA, INC. |                                                                                   |

|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Principal Place of Business</b><br>407 SEAGULL AVE<br>NAPLES, FL 34108 | <b>Mailing Address</b><br>407 SEAGULL AVE<br>NAPLES, FL 34108 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

01242008 No Chg-NP CR2E037 (4/06)

|                                                                                                        |                                      |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>4. FEI Number</b><br>74-3185618                                                                     | <b>Applied For</b><br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                      |

**6. Name and Address of Current Registered Agent**

JENSEN, PHYLLIS M  
407 SEAGULL AVE  
NAPLES, FL 34108

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                                                 |                                                                              |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | P<br>JENSEN, PHYLLIS M<br>407 SEAGULL AVE<br>NAPLES, FL 34108                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | VP<br>RUSSO, GREGORY<br>4604 NAVASSA LANE<br>NAPLES, FL 34119                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | S<br>BLANCHI, JUNE<br>9840 LUNA CIRCLE #E101<br>NAPLES, FL 34109             |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | T<br>GNERRE, ANTHONY<br>28523 CHIANTI TERRACE<br>BONITA SPRINGS, FL 34135    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>MUSSIO, BASIL<br>2456 ORCHID BAY DRIVE #203<br>NAPLES, FL 34109         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>CHIAPPETTA, MELISSA<br>3951 GULF SHORE BLVD N PH#2B<br>NAPLES, FL 34103 |

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02/15/08-80028-011 61.25

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **A.C. GNERRE** **1-31-08** **390-1442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #