

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008063

FILED
Jan 23, 2009
Secretary of State

Entity Name: ITALIAN AMERICAN SOCIETY OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

407 SEAGULL AVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

407 SEAGULL AVE
NAPLES, FL 34108

New Mailing Address:

28523 CHIANTI TERRACE
BONITA SPRINGS, FL 34135

FEI Number: 74-3185618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, PHYLLIS M
407 SEAGULL AVE
NAPLES, FL 34108 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: JENSEN, PHYLLIS M
Address: 407 SEAGULL AVE
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: RUSSO, GREGORY
Address: 4604 NAVASSA LANE
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: BLANCHI, JUNE
Address: 9840 LUNA CIRCLE #E101
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: GNERRE, ANTHONY
Address: 28523 CHIANTI TERRACE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: MUSSIO, BASIL
Address: 2456 ORCHID BAY DRIVE #203
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: CHIAPPETTA, MELISSA
Address: 3951 GULF SHORE BLVD N PH#2B
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUSSO, GREG
Address: 4604 NAVASSA LANE
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change () Addition
Name: GRITTI, DANIEL
Address: 8231 PARKSTONE PLACE
City-St-Zip: NAPLES, FL 34120

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

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

Title: D (X) Change () Addition
Name: TOMMARCHI, LYDIA
Address: 3225 REGATTA ROAD
City-St-Zip: NAPLES, FL 34103

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: ANTHONY C. GNERRE

T

01/23/2009

Electronic Signature of Signing Officer or Director

Date