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: New Principal Place of Business: 407 SEAGULL AVE NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** 407 SEAGULL AVE 28523 CHIANTI TERRACE NAPLES, FL 34108 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: Name and Address of New Registered Agent: JENSEN, PHYLLIS M 407 SEAGULL AVE NAPLES, FL 34108 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JENSEN, PHYLLIS M RUSSO, GREG Name: Name: 407 SEAGULL AVE Address: 4604 NAVASSA LANE Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: (X) Change () Addition RUSSO, GREGORY Name: GRITTI, DANIEL Name: Address: 4604 NAVASSA LANE Address: 8231 PARKSTONE PLACE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34120 Title: () Delete Title: () Change () Addition BLANCHI, JUNE Name: Name: 9840 LUNA CIRCLE #E101 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GNERRE, ANTHONY Name: Address: 28523 CHIANTI TERRACE Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: (X) Change () Addition MUSSIO, BASIL TOMMARCHI, LYDIA Name: Name: 2456 ORCHID BAY DRIVE #203 3225 REGATTA ROAD Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: () Change () Addition CHIAPPETTA, MELISSA Name: Name: Address: 3951 GULF SHORE BLVD N PH#2B Address: NAPLES, FL 34103 City-St-Zip: 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