


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90095 012 \*\*\*\*61.25

<b>DOCUMENT # N06000009908</b>	
1. Entity Name <b>PALM BAY ITALIAN-AMERICAN SOCIETY, INC.</b>	

Principal Place of Business <b>699 ALFORD ST S.E. PALM BAY, FL 32909</b>	Mailing Address <b>P.O. BOX 100416 PALM BAY, FL 32910</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01082008 Chg-NP	CR2E037 (12/06)
4. FEI Number <b>76-0834205</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>CICCONE, FRANK 990 BADGER DR NE PALM BAY, FL 32905</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>BURNS, JAMES</b>
Street Address (P.O. Box Number is Not Acceptable) <b>699 ALFORD ST. SE</b>
City <b>PALM BAY</b> FL <b>32909</b>

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 <b>James E. Burns P</b>	DATE <b>JANUARY 8, 2008</b>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CICCONE, FRANK 990 BADGER DR NE PALM BAY, FL 32905</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BURNS, JAMES 699 ALFORD ST. SE PALM BAY, FL 32909</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T HEAP, MARY 945 LYONS CIRCLE NW PALM BAY, FL 32907</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MINICUCI, JOSEPHINE P.O. BOX 100212 PALM BAY, FL 32910</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BURNS, JAMES 699 ALFORD ST. SE PALM BAY, FL 32909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V MONTELBONE, MICHAEL 2024 PALM PLACE PALM BAY, FL 32905</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T Minicuci, Josephine P.O. Box 100212 PALM BAY, FL 32910</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CASABIANCA, CATHERINE 266 HARVEY AVE. NE PALM BAY, FL 32907</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <b>James E. Burns</b>	DATE <b>JANUARY 8, 2008</b>

1-321-768-8083