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Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07956 (8)

1. Corporation Name

ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES, INC. POST 4 ORLANDO, FLORIDA

Principal Place of Business

Mailing Address

ITALIAN AMERICAN SOCIAL CLUB
PO BOX 57411
ORLANDO FL 32857-4111
USP.O. BOX 570876
ORLANDO FL 32857-0876
US3. Date Incorporated or Qualified
03/05/19853a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONGO, SAM
702 HEATHER LANE
WINTER SPRINGS FL 3270881 Name GIORDANO, CHET
82 Street Address (P.O. Box Number is Not Acceptable)
718 GLEN EAGLE DR.
83
84 City WINTER SPRINGS FL 85 Zip Code 32708

11. Pursuant to the provisions of Sections 617.0602 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 642.0603, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LONGO, SAM
STREET ADDRESS 702 HEATHER LANE
CITY - ST - ZIP WINTER SPRINGS FL
☒ DELETE1.1 TITLE PD
1.2 NAME GIORDANO, CHET
1.3 STREET ADDRESS 718 GLEN EAGLE DR.
1.4 CITY - ST - ZIP WINTER SPRINGS, FL 32708
☒ Change ☐ AdditionTITLE VD
NAME LOMBARDI, ANTHONY
STREET ADDRESS 1806 FAIRVIEW SHORES
CITY - ST - ZIP ORLANDO FL
☐ DELETE2.1 TITLE VD
2.2 NAME FINELLA, ALEXANDER
2.3 STREET ADDRESS 2019 SANTA ANTIILLES RD
2.4 CITY - ST - ZIP ORLANDO, FL 32806
☒ Change ☐ AdditionTITLE TD
NAME BOVE, RALPH
STREET ADDRESS 3142 DREYFUSHIRE BLVD
CITY - ST - ZIP ORLANDO FL
☐ DELETE3.1 TITLE TD
3.2 NAME MALENA, RICHARD
3.3 STREET ADDRESS 11066 CRESCENT BAY BLVD
3.4 CITY - ST - ZIP CLERMONT, FL 34711
☒ Change ☐ AdditionTITLE SD
NAME PIZZANO, CHARLES
STREET ADDRESS 1244 CHEETAH TRAIL
CITY - ST - ZIP WINTER SPGS. FL
☐ DELETE4.1 TITLE SD
4.2 NAME SYRING, LAVERNE
4.3 STREET ADDRESS 8212 CASCADE OAKS DR
4.4 CITY - ST - ZIP ORLANDO, FL 32822
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RICHARD MALENA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018072

CR2E037 (9/96)