

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90059 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07956			
1. Corporation Name ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATES, INC. POST 4 ORLANDO, FLORIDA			
Principal Place of Business ITALIAN AMERICAN SOCIAL CLUB PO BOX 57411 ORLANDO FL 32857-4111 US		Mailing Address P.O. BOX 570876 ORLANDO FL 32857-0876 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/05/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2597227	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GIORDANO, CHET 718 GLEN EAGLE DR WINTER SPRINGS FL 32708				FINELLA ALEXANDER 2019 SANTA ANTILLES RD ORLANDO FL 32806			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Alexander A. Finella* DATE 4-10-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GIORDANO, CHET	1.2 NAME	FINELLA ALEXANDER
STREET ADDRESS	718 GLEN EAGLE DR	1.3 STREET ADDRESS	2019 SANTA ANTILLES RD
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	ORLANDO FL 32806
TITLE	VD	2.1 TITLE	VD
NAME	FINELLA, ALEXANDER	2.2 NAME	BRESSI ANTHONY
STREET ADDRESS	2019 SANTA ANTILLES RD	2.3 STREET ADDRESS	720 DELANEY AVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32801
TITLE	TD	3.1 TITLE	TD
NAME	MALENA, RICHARD	3.2 NAME	BADOLATO EUGENE
STREET ADDRESS	11085 CRESCENT BAY BLVD	3.3 STREET ADDRESS	1694 WINGSPAN WAY
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	SD	4.1 TITLE	
NAME	SYRING, LAVERNE	4.2 NAME	
STREET ADDRESS	8212 CASCADE OAKS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	FINELLA ALEXANDER	5.2 NAME	
STREET ADDRESS	2019 SANTA ANTILLES RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *CHET GIORDANO* DATE 1-25/99 DAYTIME PHONE 407-366-3232

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