

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009219

FILED  
Jan 14, 2012  
Secretary of State

**Entity Name:** ITALIAN AMERICAN WAR VETERANS OF USA INC. POST 8

**Current Principal Place of Business:**

8010 SR 52  
APT 107  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

8010 SR 52  
APT 107  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 91-1989076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARENTE, DOMINICK  
8010 SR 52  
APT 107  
HUDSON, FL 34667 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  
Name: PARANTE, DONIMICK  
Address: 8010 SR 52  
City-St-Zip: APT 107, FL 34667

Title: VP  
Name: REED, JOSEPH  
Address: 3656 DELLEFIELD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: LOMBARDI, VINCENT  
Address: 7519 LAKE FOREST DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D  
Name: COLLURA, VINCENT  
Address: 8723 BERMUDA LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D  
Name: CARUSO, ANTHONY  
Address: 7715B COSME DRIVE  
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: DONIMICK PARANTE

P

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date