2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N15450

Entity Name: AMERICANS OF ITALIAN HERITAGE OF SUN CITY CENTER CORPORATION

Current Principal Place of Business:

PO BOX 5083
SUN CITY, FL 335715083

New Principal Place of Business:

2306 GRANTHAM CT
SUN CITY, FL 335715083

Current Mailing Address:

PO BOX 5083
SUN CITY, FL 335715083

New Mailing Address:

FEI Number: 59-2606236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOLNICK, ARLENE
2214 PLATNIUM DRIVE
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

BARBA, GENNARO
201 GLENELLEN PLACE
SUN CITY CENTER, FL 33573 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: GENNARO BARBA 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCOLNICK, ARLENE
Address: 2214 PATINUM DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD ( ) Delete
Name: GENNARO, BARBA
Address: 201 GLENELON PL
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP ( ) Delete
Name: DISPENZIERE, JOSEPH
Address: 1742 COCO PALM CIRCLE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T ( ) Delete
Name: BARBA, GITANO J
Address: 2306 GRANTHAM COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: CS ( ) Delete
Name: MACDONALD, ANNETTE
Address: 2450 KENSINGTON GARDENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BARBA, GENNARO
Address: 201 GLENELLEN PLACE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP (X) Change ( ) Addition
Name: EDLING, MILLIE
Address: 1128 WINSOR LOOP
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP (X) Change ( ) Addition
Name: HENRIQUEZ, FRANK
Address: 2001 NO. PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: GENNARO BARBA PRES 04/30/2009
Electronic Signature of Signing Officer or Director Date