2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15500

FILED Feb 09, 2005 Secretary of State

Entity Name: ITALIAN CLUB BUILDING & CULTURAL TRUST FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

1731 E. 7TH AVE. TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

P O BOX 5054 TAMPA, FL 33675

FEI Number: 59-2708291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CAPITANO, JOSEPH SR BENTLEY, MARK

1302 N 19TH STREET STE 300 201 N. FRANKLIN STREET, SUITE 2200

TAMPA, FL 33605 US TAMPA, FL 33602 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: MARK BENTLEY 02/09/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CAPITANO, JOSEPH SR. Name: GUAGLIARDO, SAL Address: 2117 ERNA DRIVE Address: 5807 MARINER STREET

City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33609

Title: SD () Delete Title: VD (X) Change () Addition Name: CANNELLA-VAN BELZEN, STEPHANIE Name: CANNELLA-VAN BELZEN, STEPHANIE

 Address:
 345 BAYSHORE BLVD., #310
 Address:
 3504 CORONA STREET

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33629

Title: TD () Delete Title: () Change () Addition

 Name:
 ANTHONY, JAY
 Name:

 Address:
 4202 S. DREXEL AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Title: VD () Delete Title: SD (X) Change () Addition

Name: GUAGLIARDO, SAL Name: KOPELMAN, FELICIA
Address: 5807 MARINER STREET Address: 13901 MIDDLE PARK DRIVE

City-St-Zip: TAMPA, FL 336093411 City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAL GUAGLIARDO PD 02/09/2005