## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15500

FILED Jan 16, 2007 Secretary of State

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

**New Principal Place of Business: Current 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: BENTLEY, MARK 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GUAGLIARDO, SAL Name: Name: 5807 MARINER STREET Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: CANNELLA-VAN BELZEN, STEPHANIE Name: Address: 3504 CORONA STREET Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ANTHONY, JAY Name: MORTELLARO, DOUGLAS J CPA Name: 4202 S. DREXEL AVE. 18125 U.S. HWY 41 N., SUITE 201 Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: LUTZ. FL 33549 Title: SD ( ) Delete Title: SD (X) Change ( ) Addition KOPELMAN, FELICIA Name: KOPELMAN, FELICIA Name: 13901 MIDDLE PARK DRIVE 3304 W. KNIGHTS AVENUE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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: FELICIA KOPELMAN SD 01/16/2007