

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15500

FILED
Jan 08, 2008
Secretary of State

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

Current Principal Place of Business:

1731 E. 7TH AVE.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P O BOX 5054
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-2708291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTLEY, MARK
201 N. FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602 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: PD () Delete
Name: GUAGLIARDO, SAL
Address: 5807 MARINER STREET
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: CANNELLA-VAN BELZEN, STEPHANIE
Address: 3504 CORONA STREET
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: MORTELLARO, DOUGLAS J CPA
Address: 18125 U.S. HWY 41 N., SUITE 201
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: KOPELMAN, FELICIA
Address: 3304 W. KNIGHTS AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: KOPELMAN, FELICIA
Address: 322 SIENNA DR.
City-St-Zip: CHAPIN, SC 29036

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: SAL GUAGLIARDO

PD

01/08/2008

Electronic Signature of Signing Officer or Director

Date