FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20305** (1)

1. Corporation Name

ITALIAN AMERICAN WOMEN'S CLUB OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
C/O SHIRLEY CASEY 2300 S.W. 112TH AVENUE DAVIE FL 33325	C/O SHIRLEY CASEY 2300 S.W 112TH AVENUE DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1987
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0193228 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CASEY, SHIRLEY
2300 S.W. 112TH AVENUE
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	CASEY, SHIRLEY	12 NAME	Galasso, Josephine
STREET ADDRESS	2300 S.W. 112TH AVENUE	13 STREET ADDRESS	8311 S.W. 57th Street
CITY ST ZIP	DAVIE FL	14 CITY ST ZIP	Davie, FL 33328
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	HERMES, ALTHEA	22 NAME	TRIOLO, DOROTHY
STREET ADDRESS	6447 CUSTER STREET	23 STREET ADDRESS	309 N. 57TH AVE.
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	HOLLYWOOD, FL 33021
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	TRIOLO, DOROTHY C	32 NAME	RUSSO, FRANCES
STREET ADDRESS	5520 FILLMORE STREET	33 STREET ADDRESS	6391 Harding Street
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	Hollywood, FL 33024
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	RUSSO, FRANCES	42 NAME	SHERRY CASEY
STREET ADDRESS	6391 HARDING STREET	43 STREET ADDRESS	2300 SW 112TH AVE.
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP	DAVIE, FL 33325
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry Casey Sherry Casey Treasurer 5/1/95 (305) 472-0584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0047178