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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

383217 - 90026 - 42 7 *

DOCUMENT # N20305

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

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

3. Date Incorporated or Qualifed: 04/23/1987

4. FEI Number: 65-0193228 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CASEY, SHERRY		1.2 NAME	Gesino, Barbara	
STREET ADDRESS	2300 SW 112TH AVE		1.3 STREET ADDRESS	1425 S. 24th Court	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	Hollywood, FL	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	GESINO, BARBARA		2.2 NAME	Hagood, Pat	
STREET ADDRESS	1425 S 24TH COURT		2.3 STREET ADDRESS	9910 N. Oak Knoll Cir.	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	O'DONNELL, MARY ELLEN		3.2 NAME	Casey, Sherry	
STREET ADDRESS	615 N 32ND COURT		3.3 STREET ADDRESS	2300 SW 112 Ave	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	Davie, FL	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSO, FRANCES		4.2 NAME		
STREET ADDRESS	6391 HARDING STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Shirley Casey Director SIGNATURE REQUIRED 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)