

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90194 044 ****61.25

DOCUMENT # N20305

1. Entity Name
**ITALIAN AMERICAN WOMEN'S CLUB OF BROWARD
COUNTY, INC.**



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

Mailing Address
**C/O SHIRLEY CASEY
2300 S.W. 112TH AVENUE
DAVIE, FL 33325**

DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0193228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GESINO, BARBARA 1425 S. 24TH CT. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSO, FRANCES 6391 HARDING ST. HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREAM, DEBRA 5260 S.W. 33RD WAY HOLLYWOOD, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELE, ARLEEN 309 N. 31 AVE. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, SHIRLEY 2300 SW 112 AVE. DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASEY, SHERRY 2300 SW 112TH AVE. FORT LAUDERDALE, FL 33325

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley Casey Treasurer

4/5/05