

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**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**



03132006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0193228**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fees 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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

000000475379  
04/05/06-80013-007 61 25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GESINO, BARBARA  
STREET ADDRESS 1425 S. 24TH CT.  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE TD  
NAME RUSSO, FRANCES  
STREET ADDRESS 6391 HARDING ST.  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE VPD  
NAME FREAM, DEBRA  
STREET ADDRESS 5260 S.W. 33RD WAY  
CITY-ST-ZIP HOLLYWOOD, FL 33312

TITLE D  
NAME MELE, ARLEEN  
STREET ADDRESS 308 N. 31 AVE.  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D  
NAME CASEY, SHIRLEY  
STREET ADDRESS 2300 SW 112 AVE.  
CITY-ST-ZIP DAVIE, FL 33325

TITLE T  
NAME CASEY, SHERRY  
STREET ADDRESS 2300 SW 112TH AVE.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33325

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Sherry Casey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06  
Date

Daytime Phone if