2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N20305

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0193228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASEY, SHIRLEY
2300 S.W. 112TH AVENUE
DAVIE, FL 33325 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:	GESINO, BARBARA	
Address:	1425 S. 24TH CT.	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	TD	( ) Delete
Name:	RUSSO, FRANCES	
Address:	6391 HARDING ST.	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	VPD	( ) Delete
Name:	FREAM, DEBRA	
Address:	5260 S.W. 33RD WAY	
City-St-Zip:	HOLLYWOOD, FL 33312	
Title:	D	( ) Delete
Name:	MELE, ARLEEN	
Address:	309 N. 31 AVE.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	CASEY, SHIRLEY	
Address:	2300 SW 112 AVE.	
City-St-Zip:	DAVIE, FL 33325	
Title:	T	( ) Delete
Name:	CASEY, SHERRY	
Address:	2300 SW 112TH AVE.	
City-St-Zip:	FORT LAUDERDALE, FL 33325	

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

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: SHERRY CASEY T 04/10/2008

Electronic Signature of Signing Officer or Director — Date