

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20305

FILED  
Apr 16, 2009  
Secretary of State

**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: D (X) Change ( ) Addition  
Name: MELE, ARLEEN  
Address: 3324 CRABAPPLE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

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

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date