2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N20305

C/O SHIRLEY CASEY

2300 S.W. 112TH AVENUE



Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90169 044 ****61.25

FILED

ITALIAN AMERICAN WOMEN'S INC.	CLUB OF BROWARD COUNTY.
Principal Place of Business	Mailing Address

Mailing Address C/O SHIRLEY CASEY

2300 S.W. 112TH AVENUE

DAVIE FL 33325 DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0193228

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☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

				70 4 100550			
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.`` 	 Additional	

Fee Required

Applied For

6. Name an	d Address of Cur	rent Regis	itered Agent	
			شارات ميدامهيد مسد	
CASEY, SHIRLEY	ui le			

Street Address (P.O. Box Number is Not Acceptable)

City

Name:

Zip Code

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

DAVIE FL 33325

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

	FILE NOW: FEE IS \$61.25	Trust Fund Cor		Added to Fees	Florida Dep	artment of S		
10.	OFFICERS AND DIRECTORS	i.	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	PD	2.S Delete	TiTLE	60		Change	☐ Addition	Ś
NAME	MELE, ARLEEN	- :	NAME	Barbara Gesi	mo		_	Š
STREET ADDRESS	309 N 31 AV		STREET ADDRESS	1425 5. 244	n Ct.			1
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	Hollywood,	FL 33000			Š
TITLE	TD	☐ Delete	TITLE	D '		Change	☐ Addition	ă
NAME	CASEY, SHERRY		NAME	Frances Rus		- •	_	C
STREET ADDRESS	2300 SW 112 AVE		STREET ADDRESS	6391 Hardin	ng St			
CITY-ST-ZIP	DAVIE FL 33325		CITY-ST-ZIP	Hollywood	FL 33024			
TITLE	VPD	☐ Delete	TITLE	VPT ,	. 0	☐ Change	 Addition	
NAME	RUSSO, FRANCES		NAME	Loretta Del	latenta	_	•	
STREET ADDRESS	6391 HARDING ST.		STREET ADDRESS	9555 Sevil	ile Lane			
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP	Ft. Lauder	dale, FL 330	24		
TITLE	D	☐ Delete	TITLE	D	•	Change	Addition	
NAME	GESINO, BARBARA		NAME	Arleen Me	يافي			
STREET ADDRESS	1425 S. 24TH CT.		STREET ADDRESS	309 N.31				
CITY-ST-ZIP	HOLLYWOOD FL 33020	-	CITY-ST-ZIP	HOLLYWOO	d, FL 3300	} 1		
TITLE		☐ Delete	TITLE	(D		Change	Addition	
NAME			NAME	Shirley Cas	æy _			
STREET ADDRESS			STREET ADDRESS	2300 5/00 11	12th Ave.		ł	
CITY-ST-ZIP			CITY-ST-ZIP	Davie, FL	33325			
TITLE	<u> </u>	☐ Delete	TITLE	J 1920	, , , , , , , , , , , , , , , , , , ,	X Change	☐ Addition	
NAME	•		NAME	Sherry Case	4 0		i	
STREET ADDRESS			STREET ADDRESS	2300 500 1	12th HVC.			
CITY-ST-ZIP			CITY-ST-7IP	marca C	2227			

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: