

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

DOCUMENT # N33486

1. Entity Name
THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.



Principal Place of Business
**COMMUNITY CENTER
2710 WASHINGTON AVE.
SORRENTO, FL 32776 US**

Mailing Address
**104 POINSETTIA COVE
C/O JASPER C. MESSINA
LEESBURG, FL 34748 US**

2. Principal Place of Business
First United Methodist Church

Suite, Apt. #, etc.
600 W. Ianthe

3. Mailing Address
P.O. Box 1583

Suite, Apt. #, etc.

City & State
Tavares, FL

City & State
Eustis, FL

Zip
32778

Zip
32726

Country
USA

Country
USA

03042005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEMEO, HELEN T
701 MOUNT HOMER RD, APT 8
EUSTIS, FL 32726

7. Name and Address of New Registered Agent

Name

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

City
FL

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

HeLEN DEMEO

HELEN DEMEO

3/11/05

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

Make check payable to
Florida Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERNINI, JOSEPH 41516 C RD #452 LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quatros, Alice J. 2705 E. Washington Ave. Eustis, FL 32726	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP PLUCHINO, JOE 34406 HIGHLAND DR. EUSTIS, FL 32736	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Caruso, John 1605 Orange Dr. Eustis, FL 32726	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMEO, HELEN 701 MOUNT HOMER RD. APT. A-1 EUSTIS, FL 32726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MATTHEWS, MARFY 149 E. SEMINOLE AVER. EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lukou, Antoinette 36744 Emeralda Island Rd. Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIBERNINI, JOE L 41516 CR 452 LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

HeLEN DEMEO

HELEN DEMEO 3/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #