

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90049 020 ****61.25

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 Zip 32778		City & State Eustis, FL Zip 32726		Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Helen DeMEO</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		HELEN DEMEO <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/11/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P Quatro, 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 32738	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 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		
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	S Lukov, Antoinette 36744 Emerald 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <i>Helen DeMEO</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		HELEN DEMEO		3/11/05 <small>Date</small>	
				<small>Daytime Phone #</small>	