


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90001 040 \*\*\*\*61.25

<b>DOCUMENT # N33486</b>			
1. Entity Name THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.			
Principal Place of Business FIRST UNITED METHODIST CHURCH 600 W. IANTHE TAVARES, FL 32778 US		Mailing Address P.O. BOX 1583 EUSTIS, FL 32726 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		32726 7-1583	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEMEO, HELEN T 701 MOUNT HOMER RD, APT 8 EUSTIS, FL 32726		Name <u>Quatro, Louis G. Sr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2705 E. Washington Ave</u> City <u>EUSTIS</u> FL Zip Code <u>32726</u>	
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: <u>Louis G. Quatro, Sr.</u> Signature, typed or printed name of registered agent and title if applicable.		<u>LOUIS G. QUATRO, SR</u> (NOTE: Registered Agent signature required when reinstating.) DATE: <u>02/07/06</u>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUATRO, ALICE J	NAME	<u>Pluchino, Kay</u>
STREET ADDRESS	2705 E. WASHINGTON AVE.	STREET ADDRESS	<u>35406 Highland Drive</u>
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	<u>Eustis, FL 32736</u>
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARUSO, JOHN	NAME	<u>Pluchino, Joseph</u>
STREET ADDRESS	1605 ORANGE DR.	STREET ADDRESS	<u>35406 Highland Drive</u>
CITY-ST-ZIP	EUSTIS, FL 32736	CITY-ST-ZIP	<u>Eustis, FL 32736</u>
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMEO, HELEN	NAME	<u>Quatro, Louis G. Sr.</u>
STREET ADDRESS	701 MOUNT HOMER RD. APT. A-1	STREET ADDRESS	<u>2705 E. Washington Ave.</u>
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	<u>Eustis, FL 32726</u>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUKOV, ANTOINETTE	NAME	<u>Matthews, Mary</u>
STREET ADDRESS	36744 EMERALDA ISLAND RD.	STREET ADDRESS	<u>149 E. Seminole Ave.</u>
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	<u>Eustis, FL 32726</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Louis G. Quatro, Sr.</u>		<u>LOUIS G. QUATRO, SR</u> Date: <u>02/07/06</u> Daytime Phone #: <u>352-357-3504</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			