


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 043 ****70.00

DOCUMENT # N33486			
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 - No P.O. Box #		3. Mailing Address PO BOX 1583	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State EUSTIS, FL	
Zip	Country	Zip	Country
		32727-1583	US
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEMEO, HELEN T 2705 E WASHINGTON AVE EUSTIS, FL 32726		Name QUATRO, LOUIS G. Sr. Street Address (P.O. Box Number is Not Acceptable) 2705 E. WASHINGTON AVE. City EUSTIS FL Zip Code 32726	
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>Louis G. Quatro, Sr.</i>		DATE: 01/22/07	
Filing Fee is \$61.25 Due by May 1, 2007		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	P PLUCHINO, KAY 35406 HIGHLAND DR EUSTIS, FL 32726 <input checked="" type="checkbox"/> Delete	TITLE	P DEGREGORIO, JULIUS 2710 E. WASHINGTON AVE EUSTIS, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V PLUCHINO, JOSEPH 35406 HIGHLAND DR EUSTIS, FL 32736 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T QUATRO, LOUIS G SR 2705 E WASHINGTON AVE EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S MATTHEWS, MARY 149 E SEMINOLE AVE EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: <i>Louis G. Quatro, Sr.</i>		DATE: 01/22/07 352-357-3504	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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