

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33486

FILED  
Mar 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

FIRST UNITED METHODIST CHURCH  
600 W. IANTHE  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1583  
EUSTIS, FL 32727 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARGENT, FRANK  
509 JUNIPER WAY  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEGREGORIO, JULIUS  
Address: 2710 E. WASHINGTON AVE  
City-St-Zip: EUSTIS, FL 32726

Title: V ( ) Delete  
Name: PLUCHINO, JOSEPH  
Address: 35406 HIGHLAND DR  
City-St-Zip: EUSTIS, FL 32736

Title: T ( ) Delete  
Name: SARGENT, FRANK  
Address: 509 JUNIPER WAY  
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete  
Name: MATTHEWS, MARY  
Address: 149 E SEMINOLE AVE  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SARGENT, FRANK PRES  
Address: 509 JUNIPER WAY  
City-St-Zip: TAVARES, FL 32728

Title: VP (X) Change ( ) Addition  
Name: DEGREGOR, JULIUS VP  
Address: 2710 E. WASHINGTON AVE  
City-St-Zip: EUSTIS, FL 32726

Title: T (X) Change ( ) Addition  
Name: PLUCHINO, JOSEPH S TREAS  
Address: 35406 HIGHLAND DRIVE  
City-St-Zip: EUSTIS, FL 32736

Title: S (X) Change ( ) Addition  
Name: MATTHEWS, MARY SEC  
Address: 149 E SEMINOLE AVE  
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH S PLUCHINO

Electronic Signature of Signing Officer or Director

TRES

03/12/2009

\_\_\_\_\_ Date