

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90031 005 \*\*\*\*61.25

**DOCUMENT # N45460**

1. Entity Name  
**ITALIAN LAWYERS SCHOLARSHIP FUND, INC.**



Principal Place of Business  
**2428 BROADWAY  
RIVIERA BEACH, FL 33419 US**

Mailing Address  
**2428 BROADWAY  
RIVIERA BEACH, F 33419 US**

**40015290**



**DO NOT WRITE IN THIS SPACE**

01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0291579**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOSSO, WILLIAM J JR  
2428 BROADWAY  
SUITE 1200  
RIVIERA BEACH, FL 33404**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **RUFFOLO, HENRY**  
STREET ADDRESS **2237 EDGEWATER DR**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33404**

TITLE **DP**  
NAME **BOSSO, WILLIAM J., JR.**  
STREET ADDRESS **2428 BROADWAY**  
CITY-ST-ZIP **RIVIERA BEACH, FL**

TITLE **D**  
NAME **LIOCE, DOMENICK R.**  
STREET ADDRESS **1645 PALM BCH LK BL 1200**  
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE **D**  
NAME **BOSSO, LUISA R**  
STREET ADDRESS **516 QUADRANT RD**  
CITY-ST-ZIP **NORTH PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/08*  
Date

Daytime Phone #