2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Aug 12, 2008 8:00 am Secretary of State DOCUMENT # N46730 08-12-2008 90024 048 ****61.25 ITALÍAN-AMERICAN CLUB OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 40119699 **ITALIAN-AMERICAN CLUB** 2310 TRESCOTT DR TALLAHASSEE, FL 32308 P. O. BOX 12354 TALLAHASSEE, FL 32317-2354 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08102008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3175085 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPALLA, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 2310 TRESCOTT DRIVE TALLAHASSEE, FL 32312 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change **Addition** 3(1)1 Defete MONTI-GRAZIADEL, AKIELLA 575 OLD DIRT RD. FONDO, TONY NAME NAME STREET ADDRESS 1162 CAPITAL CIRCLE, SE STREET ADDRESS 3a317 TALLAHASSEE, FL 32301 CITY-ST-7IP TAILLAHASSER, FL CITY-ST-ZIP **Delete** TITLE ☐ Change ■ Addition TITLE VENTRE, FRANCIS NAME NAME 3007 SHAMROCK NORTH #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-7IP ☐ Change Addition Delete TITE TITLE FECHTER, JOANNA 5040 PIMLICO DR. NAME RICHARDS, STEVE NAME STREET ADDRESS 2424 POTTS ROAD STREET ADDRESS TALLAHASSEE , FL 32309 CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change TITLE Delete TITLE Addition JOHNSON, SHARON MARTOCCI, SAL NAME NAME 5600 PIMLICO DR. STREET ADDRESS 4702 HIGH GROVE ROAD STREET ADDRESS TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE BAGLIONE, FRANK 3324 VAILLAN CT. SUSIE, DEBRA NAME NAME STREET ADDRESS 16010 SUNRAY ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 COY-ST-ZIP TALLAHASSEE, FL 32309 Change ☐ Addition IIILE ☐ Delete THLE

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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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

~ce DOANNAM. FECHTER 08/11/08 (850) 878-9738 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR