


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90059 034 ****61.25

DOCUMENT # N50717

1. Entity Name
ITALIAN-AMERICAN SOCIAL CLUB OF POLK COUNTY, INC.



Principal Place of Business
**1599 - 6TH ST., SE
 WINTER HAVEN FL 33884
 US**


Mailing Address
**P O BOX 7496
 WINTER HAVEN FL 33883
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-3188662** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, WALTER G.
 98 FIRST STREET NORTH
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD CORBY, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	212 MCLEAN POINTE WEST	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE NAME	VD RABAGO, ANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	517 SHALISE BLVD	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE NAME	VD SAMMARO, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1491 AVE F N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE NAME	TD GIARDINA, CONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	6005 GRAND OAKS DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE NAME	SD CORBIN, VERN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	243 LAKE LINK RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE NAME	D MAC QUILL, RAY	<input type="checkbox"/> Delete
STREET ADDRESS	228 DIXIE CR	
CITY-ST-ZIP	HAINES CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PRESIDENT ANNE RABAGO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	517 SHALISE BLVD	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE NAME	VICE PRESIDENT BOB SAMMARO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1491 AVE F N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE NAME	1ST VICE PRESIDENT ELEANOR BAUMEISTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	543 TERRANOVA CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE NAME	SECRETARY RAYMOND PROIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	282 SANTA ROSA DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raymond Proia Date: 6/April/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR