

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N50717

FILED
Oct 06, 2005
Secretary of State

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

Current Principal Place of Business:

1599 - 6TH ST., SE
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

401 3RD ST SW
WINTER HAVEN, FL 33881 US

Current Mailing Address:

P O BOX 7496
WINTER HAVEN, FL 33883 US

New Mailing Address:

372 LAKE SUZANNE DR
LAKE WALES, FL 33859 US

FEI Number: 59-3188662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOB, SAMMARO V.PRES
1491 AVE F N.E
WINTER HAVEN, FL 33881 US

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: BOB SAMMARO

10/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RABAGO, ANNE
Address: 517 SHALISE BLVD.
City-St-Zip: AUBURNDALE, FL 33823

Title: V () Delete
Name: SAMMARO, BOB
Address: 1491 AVE. F, NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: 1VP () Delete
Name: BAUMESTER, ELEANOR
Address: 543 TERRANOVA CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: GIARDINA, CONNIE
Address: 6005 GRAND OAKS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: PROIA, RAYMOND
Address: 282 SANTA ROSA DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MAC QUILL, RAY
Address: 228 DIXIE CR
City-St-Zip: HAINES CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAC QUILL, RAY
Address: 228 DIXIE CR
City-St-Zip: HAINES CITY, FL US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB SAMMARO

VP

10/06/2005

Electronic Signature of Signing Officer or Director

Date