

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 14, 2007
Secretary of State**

DOCUMENT# N50717

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

Current Principal Place of Business:

372 LAKE SUZANNE DR
LAKE WALES, FL 33859 US

New Principal Place of Business:

543 TERRANOVA CIRCLE
WINTER HAVEN, FL 33884 US

Current Mailing Address:

372 LAKE SUZANNE DR
LAKE WALES, FL 33859 US

New Mailing Address:

543 TERRANOVA CIRCLE
WINTER HAVEN, FL 33884 US

FEI Number: 59-3188662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOB, SAMMARO V.PRES
1491 AVE F N.E
WINTER HAVEN, FL 33881 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: BAUMEISTER, ELEANOR PRES
Address: 543 TERRANOVA CIR
City-St-Zip: WINTER HAVEN, FL 33884 US

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

Title: 1VP () Delete
Name: OGORCHOCK, JIM 1VP
Address: 2411 AVE A N.W.
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: SECT () Delete
Name: CERMINARO, ELEANOR
Address: 323 WINTER GARDEN CT
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: TRES () Delete
Name: JOHN, DE ANGELIS TREAS
Address: 2030 KAPREE CT
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: 1TRU () Delete
Name: LO PINTO, JOHN 1 TRUST
Address: 590 SWEETWATER WAY
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: 2TRU (X) Change () Addition
Name: DOSSO, NICOLETTA 2 TRUST
Address: 320 LOCHERN CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: SECT (X) Change () Addition
Name: BUCARI, ARTHUR SECT.
Address: 3007 BUCKEYE POINT DRIVE
City-St-Zip: WINTER HAVEN, FL 33881 US

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

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

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

VP

02/14/2007

Electronic Signature of Signing Officer or Director

Date