2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# N92000000978

Entity Name: ITALIAN CULTURAL SOCIETY OF PENSACOLA FLORIDA, INC.

Current Principal Place of Business:

1501 TEMPLEMORE DRIVE
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

P.O. B0X 1811
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-3161174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUPONE, DONALD F
5425 DYNASTY DRIVE
PENSACOLA, FL 32504 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: D ( ) Delete
Name: PERILLO, LOUIS DR.
Address: 1501 TEMPLEMORE DRIVE
City-St-Zip: CANTONMENT, FL 32514

Title: D ( ) Delete
Name: KUHARICH, RICHARD DR.
Address: 708 N. 59TH AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: SMITH, DARLENE MS.
Address: 2217 RESERVATION ROAD
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: LUPONE, DONALD F MR.
Address: 5425 DYNASTY DRIVE
City-St-Zip: PENSACOLA, FL 32504

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:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD F. LUPONE D 02/07/2008

Electronic Signature of Signing Officer or Director — Date