

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90004 042 ****61.25

DOCUMENT # N94000003582

1. Corporation Name

ITALIAN AMERICAN CIVIC CLUB, INC.

Principal Place of Business

7164 UNIVERSITY DRIVE
TAMARAC FL 33321

Mailing Address

P.O. BOX 25987
TAMARAC FL 33320

5 990236 - 90004 - 32 6



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/20/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0704747

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELA, ANGELO
7266 PAPAYA WAY
TAMARAC FL 33321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MELA, ANGELO
STREET ADDRESS 7266 PAPAYA WAY
CITY-ST-ZIP TAMARAC FL 33321

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME SEMENZA, SAM
STREET ADDRESS 2901 FIORE WAY
CITY-ST-ZIP DELRAY BEACH FL 33445

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME GAUDIO, JOE
STREET ADDRESS 4400 NW 30 STREET
CITY-ST-ZIP COCONUT CREEK FL 33066

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D LOUIS SANTAPRIA
3.3 STREET ADDRESS 5102 NW 53 ST.
3.4 CITY-ST-ZIP TAMARAC, FL 33319

TITLE S ☒ DELETE
NAME OURELIO, FRANK
STREET ADDRESS 5320 NW 11 STREET
CITY-ST-ZIP PLANTATION FL 33313

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME W. J. CIRMINELLO
4.3 STREET ADDRESS 8105 NW 100 TERR.
4.4 CITY-ST-ZIP TAMARAC, FL 33021

TITLE D ☒ DELETE
NAME PULEO, DOMENICK
STREET ADDRESS 7102 NW 93 AVE
CITY-ST-ZIP TAMARAC FL 33321

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME T ELIZABETH ACQUAVELLA
5.3 STREET ADDRESS 1665 CYPRESS PT. DR.
5.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE D ☒ DELETE
NAME DELENO, JOHN
STREET ADDRESS 5155 SABLE PALM BLVD.
CITY-ST-ZIP TAMARAC FL 33319

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME S JO GERMANO
6.3 STREET ADDRESS 9330 Lime BAY BLVD # 304
6.4 CITY-ST-ZIP TAMARAC FL 33321

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelo Mela*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/99 954-721-8020

CR2E037 (5/99)