


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005474		
1. Entity Name ITALIAN CLUB, LADIES AUXILIARY, INC.		

Principal Place of Business 4702 DUNNIE DR TAMPA FL 33614 US	Mailing Address 4702 DUNNIE DR TAMPA FL 33614 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)
4. FEI Number **59-3427336** ☐ Applied For ☐ Not Applied
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent PERRONE, ROSALIE 1729 7TH AVENUE EAST TAMPA FL 33605

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Rosalie C. Perrone, Pres. DATE: 2-4-06
(NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006
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	P	<input type="checkbox"/> Delete
NAME	PERRONE, ROSALIE	
STREET ADDRESS	4702 DUNNIE DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPISI, GRACE	
STREET ADDRESS	3301 CORONA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELLEGRINO, ANGIE	
STREET ADDRESS	7403 CELESTE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAINA, PHYLIS	
STREET ADDRESS	8310 PALMA VISTA LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMPO, LORETTA	
STREET ADDRESS	522 GARRARD	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEATH, PATRICIA	
STREET ADDRESS	6016 NORTH GUNLOCK	
CITY-ST-ZIP	TAMPA FL 33614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000438196
02/28/06-80072-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Rosalie C. Perrone, Pres. 812 881 250