## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 13, 2008 8:00 am Secretary of State DOCUMENT # N96000005474 1. Entity Name 03-13-2008 90044 025 \*\*\*\*61.25 ITALIAN CLUB, LADIES AUXILIARY, INC. Principal Place of Business Mailing Address 6016 N. GUNLOCK AVE. 6016 N. GUNLOCK AVE. TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3427336 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEATH, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 6016 GUNLOCK AVE. TAMPA FL 33614 Zip Code 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 Signature, typed or printed name of registered agent and titruit applicable. (NOTE: Registered Agent signature required when reinstating) Bright Total FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delote TITLE ☐ Change ☐ Addition HEATH, PATRICIA NAME NAME 6016 N. GUNLOCK AVE. STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP CITY - ST- ZIP Delete TITLE TITLE Addition X Barbie, Rose CAMPISI, GRACE NAME NAME 9802 Thornviolge Road 3301 CORONA ST SISEEL ADDRESS STREET ADDRESS. CITY-ST-ZIP TAMPA FL CITY-ST-ZiP TOUR Delete TITLE Change ■ Addition PELLEGRINO, ANGIE NAME NAME 7403 CELESTE LANE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete ☐ Change ☐ Addition TRAINA, PHYLIS NAME 8310 PALMA VISTA LANE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-7IP CITY-ST-7IP ☐ Dalete THRE TITLE Change Addition HERMAN, LUCY NAME NAME 10605 CARROLLBROOK LN. STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition CICCARELLO, ROSE NAME NAME 7025 PELICAN ISLAND STREET ADDRESS STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP CITY-ST-ZIP

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.

12. Thereby 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

SIGNATURE:

Pun Herman- Lucy He

3/3/08

FILED

813-935-869/