2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N96000005474

Entity Name: ITALIAN CLUB, LADIES AUXILIARY, INC.

Current Principal Place of Business:

6016 N. GUNLOCK AVE.
TAMPA, FL 33614 US

New Principal Place of Business:

1731 E. SEVENTH AVE.
TAMPA, FL 33605 US

Current Mailing Address:

6016 N. GUNLOCK AVE.
TAMPA, FL 33614 US

New Mailing Address:

1336 WATERWOOD DR.
LUTZ, FL 33559 US

FEI Number: 59-3427336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEATH, PATRICIA
6016 GUNLOCK AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

BARBIE, ROSE
9802 THORNRIDGE RD.
TAMPA, FL 33612 US

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: ROSE BARBIE 02/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEATH, PATRICIA
Address: 6016 N. GUNLOCK AVE.
City-St-Zip: TAMPA, FL 33614

Title: V ( ) Delete
Name: BARBIE, ROSE
Address: 9802 THURNBRIDGE RD
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete
Name: HERMAN, LUCY
Address: 10605 CARROLLBROOK LN.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POOL, BARBARA
Address: 1336 WATERWOOD DR.
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Change ( ) Addition
Name: SMAY, DOROTHY
Address: 1904 MASSACHUSETTS AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: T (X) Change ( ) Addition
Name: BARBIE, ROSE
Address: 9802 THORNRIDGE RD.
City-St-Zip: TAMPA, FL 33612

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: ROSE BARBIE TREA 02/09/2009
Electronic Signature of Signing Officer or Director Date