

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003303

FILED
Jan 12, 2009
Secretary of State

Entity Name: BONAVENTURE ITALIAN AMERICAN CLUB AND FRIENDS INC.

Current Principal Place of Business:

326 FAIRWAY CIR
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

P O BOX 266402
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0824412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARIOSCIA, MICHAEL
326 FAIRWAY CIR
WESTON, FL 33326 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: P () Delete
Name: CARIOSCIA, MICHAEL
Address: 326 FAIRWAY CIR
City-St-Zip: WESTON, FL 33326

Title: 1VD () Delete
Name: SEMERIA, AUGIE
Address: 16400 GOLF CLUB RD
City-St-Zip: WESTON, FL 33326

Title: MD () Delete
Name: CARIOSCIA, THERESA
Address: 326 FAIRWAY CIR
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: BARBARA, THERESA
Address: 402 LAKEVIEW DRIVE
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: MANDIKIS, IRENE
Address: 561 RACQUET CLUB RD
City-St-Zip: WESTON, FL 33326

Title: AS () Delete
Name: COLLINS, FRAN
Address: 510 PATIO VILLAGE WAY
City-St-Zip: WESTON, FL 33326

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
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City-St-Zip:

Title: () Change () Addition
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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: MICHAEL CARIOSCIA

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date