2004 NOT-FOR-PROFIT CORPORATION -ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004138

1. Entity Name
FLORIDA ITALIAN AMERICAN CAUCUS OF ELECTED OFFICIALS, INC.

Principal Place of Business	Mailing Address
11088 N.W. 23RD CT. SUNRISE, FL 33322	11088 N.W. 23RD CT. SUNRISE, FL 33322

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04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0857425

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOREN, SAMUEL S ESQ.
3099 E. COMMERCIAL BLVD.,STE.200
FT. LASUDERDALE, FL 33308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000157245
05/06/04-80018-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADY, JACK
STREET ADDRESS	6808 STARDUST
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	D
NAME	FERRERRI, SAMUEL J
STREET ADDRESS	509 LANDINGS BLVD.
CITY-ST-ZIP	GREENACRES, FL 33413
TITLE	D
NAME	NATALE, MICHAEL
STREET ADDRESS	8001 S.W. 7TH PL.
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	D
NAME	ORTIS, FRANK
STREET ADDRESS	11621 N.W. 23RD. STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	D
NAME	SCUOTTO, JOSEPH A
STREET ADDRESS	11088 N.W. 23RD CT.
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D
NAME	TRINCHITELLA, AMADEO
STREET ADDRESS	155 RICHMOND F
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

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12. 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 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.

SIGNATURE: _____ 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #