2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-24-2005 90033 013 ****61.25

DOCUMENT # N98000005367

1. Entity Name

THE ITALIAN AMERICAN SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
5807 N.W. 82ND AVENUE TAMARAC FL 33321	5807 N.W. 82ND AVENUE TAMARAC FL 33321

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0863392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARINO, PHILIP A 5807 N.W. 82ND AVE TAMARAC FL 33321	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWLER, OLGA 7000 N.W. 99TH AVENUE TAMARAC FL 33321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGINA PRINCIPE 7200 N.W. 71st. AVE. ~~REXXNX~~ TAMARAC FL. 33321 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARINO, PHILIP 5807 NW 82ND AVE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOZIER, PETER 6800 N.W. 70TH STREET TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENDOLINO, JOHN 8103 N.W. 104TH AVENUE TAMARAC FL 33321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIANE MEO 8040 HAMPTON BLVD # 102 N. LAUDERDALE FL. 33068 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALASSO, ROBERT 2607 N.W. 104TH AVENUE SUNRISE FL 33322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LENA MARINO 425 N.W. 95th AVE. PLANTATION FL. 33324 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PONTILLO, LORRAINE 191 SW 62ND AVENUE PLANTATION FL 33317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL PASQUARELLO 6730 N.W. 25th CT. SUNRISE FL 33313 ☑ Change ☐ Addition

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: Philip A Marino 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #