

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90069 034 ****61.25

DOCUMENT # N98000005367

1. Entity Name

THE ITALIAN AMERICAN SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

2604 NASSUA BEND #F2
COCONUT CREEK FL 33066

2604 NASSUA BEND #F2
COCONUT CREEK FL 33066



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

MARINO, PHILIP A
5807 N.W. 82ND AVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

George Agoglia

Street Address (P.O. Box Number is Not Acceptable)

2604 Nassau Bend #F2

City

coconut Creek,

FL

Zip Code
33066

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

George Agoglia

Signature, typed or printed name of registered agent or clerk (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS LOZIER, ROSE
CITY-ST-ZIP 5800 NW 70TH STREET
TAMARAC FL 33321

TITLE ☐ Delete
NAME D
STREET ADDRESS MARINO, PHILIP
CITY-ST-ZIP 5807 NW 82ND AVE
TAMARAC FL 33321

TITLE ☐ Delete
NAME D
STREET ADDRESS DEANGELO, CHRISTINA
CITY-ST-ZIP 8630 NW 10TH STREET #305
PLANTATION FL 33322

TITLE ☐ Delete
NAME T
STREET ADDRESS MEO, DIANE
CITY-ST-ZIP 8040 HAMPTON BLVD #102
N LAUDERDALE FL 33068

TITLE ☒ Delete
NAME D
STREET ADDRESS MARINO, LENA
CITY-ST-ZIP 425 NW 95TH AVE
PLANTATION FL 33324

TITLE ☒ Delete
NAME T
STREET ADDRESS PASQUARELLO, MICHAEL
CITY-ST-ZIP 6730 NW 25TH CT
SUNRISE FL 33313

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS George Agoglia
CITY-ST-ZIP 2604 Nassau Bend #F2
COCONUT Creek, FL 33066

TITLE ☐ Change ☐ Addition
NAME SEE
STREET ADDRESS GEORGIA Cortopassi
CITY-ST-ZIP 1984 NW 86th Terrace
Coral Springs, FL 33071

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Flora Varisco
CITY-ST-ZIP 1929 NW 79th Terrace
Margate FL 33063

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS William Cesari
CITY-ST-ZIP 8081 Sunrise Lakes #305
Sunrise, FL 33322

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Louis Patrone
CITY-ST-ZIP 3575 Brokenwoods Drive #406
Coral Springs, FL 33065

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Rosalia Nobile
CITY-ST-ZIP 4802 NW 21st Street
Coconut Creek, FL 33063

12. I hereby 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 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:

DIANE MEO - Diane MEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07 - 954.721-9654

Date Daytime Phone #