2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90035 012 ****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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5807 N.W. 82ND AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL.	City & State
Zip: 33321 / 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
AGOGLIA, GEORGE 2604 NASSAU BEND #F2 COCONUT CREEK FL 33066	Name: PHILIP MARINO Street Address (P.O. Box Number is Not Acceptable): 5807 S.W. 82ND AVENUE City: TAMARAC FL Zip Code: 33321

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: Philip A Marino 4/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	VP LOZIER, ROSE 5800 NW 70TH STREET TAMARAC FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. SIMONI, RICHARD 3477 BUNKER BLVD POMPANO BEACH, FL 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARINO, PHILIP 5807 NW 82ND AVE TAMARAC FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARINO, PHILIP 5807 N.W. 82ND AVENUE TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEANGLEO, CHRISTINA 8630 NW 10TH STREET #305 PLANTATION FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBILE, ROSALIA 4802 N.W. 21ST STREET COCONUT CREEK, FL. 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEO, DIANE 8040 HAMPTON BLVD #102 N LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CICATELLO, MARY 8516 N.W. 20TH COURT SUNRISE, FL 33322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGOGLIA, GEORGE 2604 NASSAU BEND #F2 COCONUT CREEK FL 33066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A.T. VARISCO, FLORA 1909 N.W. 79TH TERRACE MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORTOPASSI, GEORGIA 1984 NW 86TH TERRACE CORAL SPRINGS FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORTOPASSI, GEORGIA 1984 N.W. 86TH TERRACE CORAL SPRINGS, FL. 33071	☒ Change ☐ Addition

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 - Jean 4/10/08 954-724-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT (2)

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

48078339

02082008 Chg-NP CR2E037 (12/06)

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

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
AGOGLIA, GEORGE 2604 NASSAU BEND #F2 COCONUT CREEK, FL 33066	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: Philip a Marino 4/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	VP LOZIER, ROSE 5800 NW 70TH STREET TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOCKHAMMER, FLORENCE 6714 N.W. 71 ST STREET TAMARAC, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARINO, PHILIP 5807 NW 82ND AVE TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAMBINO, FRANCES 7020 NANDINO LANE TAMARAC, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEANGLEO, CHRISTINA 8630 NW 10TH STREET #305 PLANTATION, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARINO, LENA 425 N.W. 95 TH AVENUE PLANTATION, FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEO, DIANE 8040 HAMPTON BLVD #102 N LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGOGLIA, GEORGE 2604 NASSAU BEND #F2 COCONUT CREEK, FL 33066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORTOPASSI, GEORGIA 1984 NW 86TH TERRACE CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/13/08 954-721-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #