

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005380

FILED
May 03, 2006
Secretary of State

Entity Name: ITALIAN CULTURAL CENTER, INC.

Current Principal Place of Business:

POB 970545
POMPAN BEACH, FL 33097

New Principal Place of Business:

POB 970545
COCONUT CREEK, FL 330970545

Current Mailing Address:

POB 970545
POMPAN BEACH, FL 33097

New Mailing Address:

POB 970545
COCONUT CREEK, FL 330970545

FEI Number: 65-0874049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DICKMAN, TERESSA
720 SW 2ND CT. 1002 NE 1ST ST
POMPAN BEACH, FL 33060 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: D () Delete
Name: VOCI, TINA
Address: PO BOX 0544
City-St-Zip: COCONUT CREEK, FL 33097

Title: DS () Delete
Name: ACURSO DICKMAN, TERESSA
Address: 730 SW 2ND CT.
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DT () Delete
Name: GAMELLA ALLEN, STACEY
Address: 871 E COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: CAVAIOLI, FRANK J
Address: 1360 S OCEAN BLVD APT 306
City-St-Zip: POMPAN BEACH, FL 330627141

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TINA VOCI

D

05/03/2006

Electronic Signature of Signing Officer or Director

Date