2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N98000005380

Entity Name: ITALIAN CULTURAL CENTER, INC.

Current Principal Place of Business:

POSTOFFICEBX 970544
COCONUT CREEK, FL 330970544

New Principal Place of Business:

Current Mailing Address:

POB 970544
COCONUT CREEK, FL 330970544

New Mailing Address:

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
POMPANO 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:	POMPANO 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 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 05/04/2009

Electronic Signature of Signing Officer or Director — Date