

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2010
Secretary of State

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 ()

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: DP
Name: VOCI, TINA
Address: PO BOX 0544
City-St-Zip: COCONUT CREEK, FL 33097

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

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

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

Title: DT
Name: GARD, JAMES J
Address: 1301 NE 43RD STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: DS
Name: MILLER, PAMELA
Address: 1310 NE 42ND COURT
City-St-Zip: POMPANO BEACH, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: TINA VOCI

DP

04/25/2010

Electronic Signature of Signing Officer or Director

Date