

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20305

**Entity Name:** ITALIAN AMERICAN WOMEN'S CLUB OF BROWARD COUNTY, INC.

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**9985072001CC**

**Current Principal Place of Business:**

C/O SHIRLEY CASEY  
2300 S.W. 112TH AVENUE  
DAVIE, FL 33325

**Current Mailing Address:**

C/O SHIRLEY CASEY  
2300 S.W. 112TH AVENUE  
DAVIE, FL 33325

**FEI Number: 65-0193228**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CASEY, SHIRLEY  
2300 S.W. 112TH AVENUE  
DAVIE, FL 33325 US

*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

**Officer/Director Detail :**

Title D  
Name GESINO, BARBARA  
Address 1425 S. 24TH CT.  
City-State-Zip: HOLLYWOOD FL 33020

Title VPD  
Name STANCO, MILLIE  
Address 4927 S.W. 32ND WAY  
City-State-Zip: FT. LAUDERDALE FL 33312

Title P  
Name CASEY, SHIRLEY  
Address 2300 SW 112 AVE.  
City-State-Zip: DAVIE FL 33325

Title T  
Name CASEY, SHERRY  
Address 2300 SW 112TH AVE.  
City-State-Zip: FORT LAUDERDALE FL 33325

Title DIRECTOR  
Name STEPHAN, SHEILA  
Address 435 N. CRESCENT DRIVE  
City-State-Zip: HOLLYWOOD FL 33021

*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: SHERRY CASEY**

**TREASURER**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date