SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT

1995 0-21-95 3-7951-AC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:04

DOCUMENT # 738458 (9)

1. Corporation Name

ITALIAN-AMERICAN SOCIAL CLUB AT PALM COAST, INC.

Principal Place of Business	Mailing Address
45 OLD KING'S RD P.O. BOX 351067 PALM COAST FL 32137	45 OLD KING'S RD P.O. BOX 351067 PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1972503 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCOTT, JAMES ALLEN JR., ESQ.
4440 N OCEAN SHORE BLVD., #109
313 S PALMETTO AV (DAYTONA BCH,FL 32114)
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	NELSON, KEN	12 NAME	ALPHONSE RIPANDELLI	
STREET ADDRESS	15 BEECHWOOD LANE	13 STREET ADDRESS	23 BOSTON LANE	
CITY-ST-ZIP	PALM COAST FL	14 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	21 TITLE	VP	☑ Change ☐ Addition
NAME	SANTOMENNO, JOHN	22 NAME	CHARLES LODOVICO	
STREET ADDRESS	P.O. BOX 351239 N/A	23 STREET ADDRESS	19 COLLINGTON COURT	
CITY-ST-ZIP	PALM COAST FL 32135	24 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	GIGLIO, SANDY	32 NAME		
STREET ADDRESS	9 BLEAU COURT	33 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	D -	☑ Change ☐ Addition
NAME	COVIELLO, ELEANOR	42 NAME	NELSON, KEN	
STREET ADDRESS	8 ELLIOT PLACE	43 STREET ADDRESS	15 BEECWOOD LANE	
CITY-ST-ZIP	PALM COAST FL 32137	44 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	51 TITLE	D	☐ Change ☑ Addition
NAME	MATEO, CUNI	52 NAME	SANTOMENNO, JOHN	
STREET ADDRESS	15 FAITH LANE	53 STREET ADDRESS	PO BOX 357239 - 8 CEDAR COURT	
CITY-ST-ZIP	PALM COAST FL 32137	54 CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	61 TITLE	S - SECRETARY	☑ Change ☐ Addition
NAME	GIUMENTA, THERESA	62 NAME		
STREET ADDRESS	P.O. BOX 350765- 21 FEDERAL LANE	63 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32135	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandy C. Giglio Treasurer 6/14/95 (904) 445-1893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

SANDY C GIGLIO

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