

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N33486 (4)
1. Corporation Name
THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.

Principal Place of Business
% LAWRENCE J. SEMENTO
531 NORTH BAY STREET
EUSTIS FL 32726

Mailing Address
% LAWRENCE J. SEMENTO
531 NORTH BAY STREET
EUSTIS FL 32726-3438



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1989	3a. Date of Last Report 03/13/1996
21. VARIOUS	26. PO BOX 1583			4. FEI Number 59-2980181	Applied For Not Applicable
22. EUSTIS THURSDAY	27. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. MT DORA FL	28. EUSTIS FL			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. LAKE	29. 32726	30. LAKE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEGREGORIO, JULIUS J 2710 WASHINGTON EUSTIS FL 32726		10. Name and Address of New Registered Agent 81. Name MARY MATTHEWS 82. Street Address (P.O. Box Number is Not Acceptable) 17100 SE HWY 452 83. City UMATILLA 84. State FL 85. Zip Code 32784	
---	--	---	--

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: Mary Matthews MARY MATTHEWS 3/21/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEGREGORIO, JULIUS J 2710 WASHINGTON EUSTIS FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D MATTHEWS, MARY PRESIDENT 17100 S.E. HWY 452 UMATILLA, FLORIDA 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, MARY 17100 SW HWY 452 UMATILLA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D 1ST VICE PRESIDENT LIBERNINI, JOSEPH 41516 Co.Rd 452 Leesburg, Fla 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIBERNINI, JOE 41516 COUNTY RD 452 UMATILLA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D 2nd VICE PRESIDENT VOCCI, MARK 34324 Park Lane Leesburg, Fla. 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUKCOV, TONI 330 RIVER GLASS CT #14 LEESBURG FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	S RECORDING SECRETARY LUKOV, TONI 330 Riverglass Court Leesburg, Fla. 34788 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DELNERO, KAY 1231 HOLIDAY DR. EUSTIS FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	T TREASURER SHAW, HARRY 103 Sunrise Lane Eustis, Fla. 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LIBFRANINI, JOSEP 41516 STATE ROAD #452 LEESBURG FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	S CORRESPONDING SECRETARY Kaiser, Betty P.O. Box 16, Paisley, Fla. 32767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mary Matthews REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary Matthews 3/21/97 367 7400
Date Daytime Phone # 0013679

CR2E037 (9/96)