

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 006 ****70.00

DOCUMENT # N33486

1. Entity Name

THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.



Principal Place of Business

**FIRST UNITED METHODIST CHURCH
600 W. IAN THE
TAVARES FL 32778
US**

Mailing Address

**P.O. BOX 1583
EUSTIS FL 32727
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUARTO, LOUIS G
2705 E WASHINGTON AVE
EUSTIS FL 32726**

Name **FRANK SARGENT**

Street Address (P.O. Box Number is Not Acceptable)

509 JUNIPER WAY

City **TAVARES**

FL

Zip Code **32778**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank Sargent

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

2/25/08

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DEGREGORIO, JULIUS**
STREET ADDRESS **2710 E. WASHINGTON AVE**
CITY- ST- ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **PLUCHINO, JOSEPH**
STREET ADDRESS **35406 HIGHLAND DR**
CITY- ST- ZIP **EUSTIS FL 32736**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Delete
NAME **QUATRO, LOUIS G SR**
STREET ADDRESS **2705 E WASHINGTON AVE**
CITY- ST- ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☒ Addition
NAME **FRANK SARGENT**
STREET ADDRESS **509 JUNIPER WAY**
CITY- ST- ZIP **TAVARES, FL 32778**

TITLE ☐ Delete
NAME **MATTHEWS, MARY**
STREET ADDRESS **149 E SEMINOLE AVE**
CITY- ST- ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Sargent

2/25/08 352-343-2010