

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000593 (5)

1. Corporation Name
THE GULF COAST ITALIAN CULTURE SOCIETY, INC.



Principal Place of Business 2149 PINE GARDENS TRAIL SARASOTA FL 34231	Mailing Address 2149 PINE GARDENS TRAIL SARASOTA FL 34231
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3. Date Incorporated or Qualified 12/03/1992	3a. Date of Last Report 04/21/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
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 MANNINO, I. JOSEPH 2149 PINE GARDENS TR SARASOTA FL 34231				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURSTON, GABRIELLA	1.2 NAME	
STREET ADDRESS	5400 OCEAN BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SIESTA KEY FL 34242	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRABERTI, ARTUUR	2.2 NAME	
STREET ADDRESS	4348 BRANDYWINE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34241	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNINO, I. JOSEPH	3.2 NAME	
STREET ADDRESS	2149 PINE GARDENS TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34231	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIGHT, JAMIE	4.2 NAME	
STREET ADDRESS	3741 DUNCAN PL	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34234	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSENTINO, PATRICK B	5.2 NAME	
STREET ADDRESS	8021 BOBCAT CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34238	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCENTEE, MARIE	6.2 NAME	
STREET ADDRESS	4473 LONG MEADOW	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34235	6.4 CITY - ST - ZIP	

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)(k), 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 67, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Mannino* Treasurer 2/3/96 941-922-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)