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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mertham , Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21 c/o Eli G. Chatson	2a. Mailing Address 26 P.O. Box 25321
Suite, Apt. #, etc. 22 5185 Flicker Field Cir	Suite, Apt. #, etc. 27
City & State 23 Sarasota FL	City & State 28 Sarasota FL
Zip 24 34231	Country 25
Zip 29 34277	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fee**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **Eli G. Chatson**

82 Street Address (P.O. Box Number is Not Acceptable)
5185 Flicker Field Circle

83 **Sarasota, FL**

84 City **FL** 85 Zip Code **34231**

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 *Eli G. Chatson* **Eli G. Chatson** **4/9/98**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	THURSTON, GABRIELLA	
STREET ADDRESS	319 STONE BRIAR CREEK DR	
CITY-ST-ZIP	VENICE FL	
NAME	CASTRABERTI, ARTUUR <i>VP</i>	<input type="checkbox"/> DELETE
STREET ADDRESS	4348 BRANDYWINE DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MANNINO, I. JOSEPH	
STREET ADDRESS	2149 PINE GARDENS TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ENRIGHT, JAME	
STREET ADDRESS	3741 DUNCAN PL	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORSENTINO, PATRICK B	
STREET ADDRESS	8021 BOBCAT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAPOLIELLO, RUTH	
STREET ADDRESS	1050 LONGBOAT KEY RD	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eli G. Chatson	
1.3 STREET ADDRESS	5185 Flicker Field Circle	
1.4 CITY-ST-ZIP	Sarasota, FL 34231	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gay Scacchetti	
2.3 STREET ADDRESS	7367 Stacy Lane	
2.4 CITY-ST-ZIP	Sarasota, FL 34241	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Piera Freitag	
3.3 STREET ADDRESS	3834 Surrey Court	
3.4 CITY-ST-ZIP	Sarasota, FL 34235	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP- D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Corsentino, Patrick B	
5.3 STREET ADDRESS	8021 Bobcat Circle	
5.4 CITY-ST-ZIP	Sarasota FL 34238	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: *Eli G. Chatson* **Eli G. Chatson** **4/9/98** **(941)923-7326**

CP2E037 (10/97)