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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N92000000593**

1. Corporation Name

**THE GULF COAST ITALIAN CULTURE SOCIETY, INC.**

Principal Place of Business

C/O ELI G. CHATSON  
5185 FLICKER FIELD CIRCLE  
SARASOTA FL 34231  
US

Mailing Address

P. O. BOX 25321  
SARASOTA FL 34277  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/03/1992

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

CHATSON, ELI G.  
5185 FLICKER FIELD CIRCLE  
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

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	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASTRABERTI, ARTUUR	
STREET ADDRESS	4348 BRANDYWINE DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHATSON, ELI G.	
STREET ADDRESS	5185 FLICKER FIELD CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCACCHETTI, GAY	
STREET ADDRESS	7367 STACY LANE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VPD	<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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUCKLEY, JUDY	
1.3 STREET ADDRESS	3540 Richwood Link	
1.4 CITY-ST-ZIP	Sarasota, FL 34235	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FREITAG, PIERA	
2.3 STREET ADDRESS	3834 Surrey Court	
2.4 CITY-ST-ZIP	Sarasota, FL 34235	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCACCHETTI, RICHARD	
3.3 STREET ADDRESS	7367 Stacy Lane	
3.4 CITY-ST-ZIP	Sarasota, FL 34241	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MC ENTEE, MARIE	
4.3 STREET ADDRESS	4473 Longmeadow	
4.4 CITY-ST-ZIP	Sarasota, FL 34235	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CORSENTINO, MARIE	
5.3 STREET ADDRESS	8021 Bobcat Circle	
5.4 CITY-ST-ZIP	Sarasota, FL 34238	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Castraberti, ROSEMARIE	
6.3 STREET ADDRESS	4348 Brandywine Dr.	
6.4 CITY-ST-ZIP	Sarasota, FL 34241	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Chatson

2/19/99 (941) 923-7326

Date Daytime Phone #

CR2E037 (11/98)