

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90084 011 ****66.25

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1. Entity Name

THE GULF COAST ITALIAN CULTURE SOCIETY, INC.



Principal Place of Business

C/O ELI G. CHATSON
5408 EAGLES POINT CIRCLE
SARASOTA FL 34231
US

Mailing Address

P. O. BOX 25321
SARASOTA FL 34277
US

20015390



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHATSON, ELI G.
5408 EAGLES POINT CIRCLE
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORSENTINO, PATRICK	
STREET ADDRESS	8021 BOBCAT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASTRABERTI, ARTHUR	
STREET ADDRESS	4248 BRANDYWINE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, LINDA	
STREET ADDRESS	4781 SWEETMEADOW	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MC ENTEE, MARIE	
STREET ADDRESS	4473 LONGMEADOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORSENTINO, MARIE	
STREET ADDRESS	8021 BOBCAT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAPOLIELLO, RUTH	
STREET ADDRESS	7574 TORI WAY	
CITY-ST-ZIP	BRADENTON FL 34202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATONA, Dr. Joseph	
STREET ADDRESS	570 Marsh Creek road	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRABERTI, Arthur	
STREET ADDRESS	4248 Brandywine drive	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, Mary	
STREET ADDRESS	1233 N. Gulf Stream, Apt. 904	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPO-LIGA, Joan	
STREET ADDRESS	7405 RHemlochoDanekwy	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSALA, Nick	
STREET ADDRESS	903 Contento Circle	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARA, Edith	
STREET ADDRESS	836 Alderwood way	
CITY-ST-ZIP	Sarasota, FL 34243	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELI G. CHATSON 2/17/05 (941) 923-7326

Date

Daytime Phone #