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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000004339 (6)
1. Corporation Name
NEW YORK SOCIAL CLUB OF PALM COAST, INC.



Principal Place of Business: 45 OLDS KINGS ROAD, PALM COAST FL 32137
Mailing Address: POST OFFICE BOX 353519, PALM COAST FL 32135-3519

3. Date Incorporated or Qualified: 09/08/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0191133
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Italian American Club
22. 45-Old Kings Road
23. Palm Coast, FL
24. 32137
25. Flagler
2a. Mailing Address
26. P.O. Box 353519
27.
28. Palm Coast, FL
29. 32135-3519
30. Flagler

9. Name and Address of Current Registered Agent
PRESCOTT, HILTON E
42 FLORIDA PARK DRIVE
PALM COAST FL 32137
Ralph Piscitelli
32 West Lawn Place
Palm Coast, FL 32164

10. Name and Address of New Registered Agent
81 Name: Ralph Piscitelli
82 Street Address: 32 West Lawn Place
83 Palm Coast, FL
84 City: Palm Coast, FL
85 Zip Code: 32164

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: Ralph Piscitelli
DATE: 3-20-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRESCOTT, HILTON E	
STREET ADDRESS	42 FLORIDA PARK DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINETTI, ANTHONY	
STREET ADDRESS	32 FLINTHILL LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASES, FRANK P	
STREET ADDRESS	23 CLEARVIEW COURT S	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CADET, CARLO	
STREET ADDRESS	121 N. CORAL REEF CT.	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AMMIRATA, BELLA	
STREET ADDRESS	33 CHRISTOPHER COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINETTI, ELIZABETH	
STREET ADDRESS	32 FLINTHILL LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH PISCITELLI	
1.3 STREET ADDRESS	32 West Lawn Place	
1.4 CITY-ST-ZIP	PALM COAST, FL 32164	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENNIS CREEDON	
2.3 STREET ADDRESS	11 Whippoorwill Drive	
2.4 CITY-ST-ZIP	PALM COAST, FL 32164	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEONARD VOLIN	
4.3 STREET ADDRESS	45 Wellstone Drive	
4.4 CITY-ST-ZIP	PALM COAST, FL 32135	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MAUREEN FIANAGAN	
6.3 STREET ADDRESS	117 Forrester Place	
6.4 CITY-ST-ZIP	PALM COAST, FL 32135	

14. I do 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: Ralph Piscitelli - Ralph Piscitelli
DATE: 3-20-97
DAYTIME PHONE: (404) 446-4463

CR2E037 (9/96)