

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 # N33486 (4)
1. Corporation Name
THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.



Principal Place of Business Mailing Address
% LAWRENCE J. SEMENTO
531 NORTH BAY STREET
EUSTIS FL 32726

3. Date Incorporated or Qualified **07/28/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2980181** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

PLUCHINO, JOSEPH
35406 HIGHLAND DR.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name **JULIUS J DEGRECORIO**
82 Street Address (P.O. Box Number is Not Acceptable) **2710 WASHINGTON WASHINGTON**
83 City **EUSTIS FL 32726 FL** 85 Zip Code **32726**

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 *Julius J Degregorio* 3/2/96

(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	D P	<input checked="" type="checkbox"/> DELETE
NAME	PLUCHINO, JOSEPH	
STREET ADDRESS	35406 HIGHLAND DR.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D V	<input checked="" type="checkbox"/> DELETE
NAME	SARGENT, FRANK	
STREET ADDRESS	30403 ORANGE AVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSENTINO, TINA	
STREET ADDRESS	33435 WESLEY RD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUKCOV, TONI	
STREET ADDRESS	330 RIVER GLASS CT #14	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DELNERO, KAY	
STREET ADDRESS	1231 HOLIDAY DR.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIBFRANINI, JOSEP	
STREET ADDRESS	41516 STATE ROAD #452	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JULIUS J DEGRECORIO	
1.3 STREET ADDRESS	2710 WASHINGTON	
1.4 CITY-ST-ZIP	EUSTIS FL 32726	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY MATTHEWS	
2.3 STREET ADDRESS	17100 S.E. HIGHWAY 452	
2.4 CITY-ST-ZIP	UMATILLA FL 32784-9418	
3.1 TITLE	DJOE LIBERNINI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	41516 COUNTY 452	
3.3 STREET ADDRESS	UMATILLA FL 32784-9418	
3.4 CITY-ST-ZIP	UMATILLA FL 32784-9418	
4.1 TITLE	H	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARRY SHAW	
4.3 STREET ADDRESS	103 SUNRISE LANE	
4.4 CITY-ST-ZIP	EUSTIS FL 32726	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TONI LUKOV	
5.3 STREET ADDRESS	330 RIVERGLASS CT	
5.4 CITY-ST-ZIP	LEESBURG FL 34788	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julius J Degregorio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

JULIUS J DEGRECORIO 3/3/96 357-1764

CR2E037 (12/95)