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NONPROFIT CORPORATION ANNUAL REPORT
1997

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	% LAWRENCE J. SEMENTO 531 NORTH BAY STREET EUSTIS FL 32726-3438

3. Date Incorporated or Qualified: 07/28/1989
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business
21 VARIOUS
22 EUSTIS THEATRES,
23 MT DORA FL
24 Zip
25 Country LAKE

2a. Mailing Address
26 PO BOX 1583
27 Suite, Apt. #, etc.
28 City & State EUSTIS FL
29 Zip 32726
30 Country LAKE

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

9. Name and Address of Current Registered Agent

DEGREGORIO, JULIUS J
2710 WASHINGTON
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: MARY MATTHEWS
82 Street Address (P.O. Box Number is Not Acceptable): 17100 SE HWY 452
83
84 City: UMATILLA FL 85 Zip Code: 32784

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: Mary Matthews MARY MATTHEWS 3/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEGREGORIO, JULIUS J 2710 WASHINGTON EUSTIS FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MATTHEWS, MARY PRESIDENT 17100 S.E. HWY 452 UMATILLA, FLORIDA 32784	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, MARY 17100 SW HWY 452 UMATILA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D 1ST VICE PRESIDENT LIBERNINI, JOSEPH 41516 Co.Rd 452 Leesburg, Fla 34788	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIBERNINI, JOE 41516 COUNTY RD 452 UMATILLA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D 2nd VICE PRESIDENT VOCCI, MARK 34324 Park Lane Leesburg, Fla. 34788	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LUKCOV, TONI 330 RIVER GLASS CT #14 LEESBURG FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S RECORDING SECRETARY LUKOV, TONI 330 Riverglass Court Leesburg, Fla. 34788	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DELNERO, KAY 1231 HOLIDAY DR. EUSTIS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T TREASURER SHAW, HARRY 103 Sunrise Lane Eustis, Fla. 32726	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LIBFRANINI, JOSEP 41516 STATE ROAD #452 LEESBURG FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S CORRESPONDING SECRETARY Kaiser, Betty P.O. Box 16, Paisley, Fla. 32767	☐ Change ☑ Addition

CR2E037 (9/96)

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: Mary Matthews REQUIRED Mary Matthews 3/21/97 367 7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013679