


FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 US	P.O. BOX 1583 531 NORTH BAY STREET EUSTIS FL 32726 US

2. Principal Place of Business			2a. Mailing Address		
21	PO BOX 1583		26	PO BOX 1583	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.	
22			27		
City & State			City & State		
23	EUGEN		28	EUGEN FL	
	Zip	Country		Zip	Country
24	32727-1583	25	LAKE	29	32722-1583
				30	LAKE

3. Date Incorporated or Qualified <b>07/28/1989</b>	
4. FEI Number <b>59-2980181</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		81	Name
DEGREGORIO, JULIUS J 17100 SE HWY 452 UMATILLA FL 32784		82	Street Address
		83	
		84	City

**10. Name and Address of New Registered Agent**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (P.O. Box Number is Not Acceptable)  
\_\_\_\_\_  
\_\_\_\_\_

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	D		<input type="checkbox"/> DELETE
NAME	MATTHEWS, MARY		
STREET ADDRESS	17100 S.E. HWY 452		
CITY - ST - ZIP	UMATILLA FL		
TITLE	D		<input type="checkbox"/> DELETE
NAME	LIBERNINI, JOSEPH		
STREET ADDRESS	41516 CO. ROAD 452		
CITY - ST - ZIP	LEESBURG FL		
TITLE	D		<input type="checkbox"/> DELETE
NAME	VOCCI, MARK		
STREET ADDRESS	34324 PARK LANE		
CITY - ST - ZIP	LEESBURG FL		
TITLE	S		<input type="checkbox"/> DELETE
NAME	LUKOV, TONI		
STREET ADDRESS	330 RIVERGLASS COURT		
CITY - ST - ZIP	LEESBURG FL		
TITLE	T		<input type="checkbox"/> DELETE
NAME	SHAW, HARRY		
STREET ADDRESS	103 SUNRISE LANE		
CITY - ST - ZIP	EUSTIS FL		
TITLE	S		<input type="checkbox"/> DELETE
NAME	KAISER, BETTY		
STREET ADDRESS	P.O. BOX 16		
CITY - ST - ZIP	PAISLEY FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PLUCHINO, KAY
1.3 STREET ADDRESS	35406 Highland Drive
1.4 CITY-ST-ZIP	Eustis, Fla. 32726
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LIBERNINI JOSEPH
2.3 STREET ADDRESS	41516 County Rd 452
2.4 CITY-ST-ZIP	Leesburg, Fla. 34788
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LONGO, STEPHEN
3.3 STREET ADDRESS	14801 Greater Pines Blvd
3.4 CITY-ST-ZIP	Clermont, Florida 34711
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COFER, EMILIA
4.3 STREET ADDRESS	10416 Summit Square Drive
4.4 CITY-ST-ZIP	Leesburg, Florida 34788
5.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHAW, HARRY
5.3 STREET ADDRESS	103 Sunrise Lane
5.4 CITY-ST-ZIP	Eustis, Florida 32726
6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MATTHEWS, MARY
6.3 STREET ADDRESS	17100 S.E. Hwy 452
6.4 CITY-ST-ZIP	Umatilla, Florida 32784

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.

SIGNATURE: 14 M. J. [Signature] REQUIRED 1-6-98 352 357 3640

CR2E037 (10/97)