

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90254 001 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000593

1. Corporation Name

THE GULF COAST ITALIAN CULTURE SOCIETY, INC.

Principal Place of Business

C/O ELI G. CHATSON
5185 FLICKER FIELD CIRCLE
SARASOTA FL 34231
US

Mailing Address

P. O. BOX 25321
SARASOTA FL 34277
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/03/1992

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

CHATSON, ELI G.
5185 FLICKER FIELD CIRCLE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 ☐ DELETE

NAME THURSTON, GABRIELLA
STREET ADDRESS 319 STONE BRIAR CREEK DR
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME CASTRABERTI, ARTUUR
STREET ADDRESS 4348 BRANDYWINE DR.
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ DELETE

NAME CHATSON, ELI G.
STREET ADDRESS 5185 FLICKER FIELD CIRCLE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☒ DELETE

NAME SCACCHETTI, GAY
STREET ADDRESS 7367 STACY LANE
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ DELETE

NAME CORSENTINO, PATRICK B
STREET ADDRESS 8021 BOBCAT CIRCLE
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ DELETE

NAME NAPOLIello, RUTH
STREET ADDRESS 1050 LONGBOAT KEY RD
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME BUCKLEY, JUDY
1.2 STREET ADDRESS 3540 Richwood Link
1.3 CITY-ST-ZIP Sarasota, FL 34235

2.1 TITLE ☐ Change ☒ Addition

NAME FREITAG, PIERA
2.2 STREET ADDRESS 3834 Surrey Court
2.3 CITY-ST-ZIP Sarasota, FL 34235

3.1 TITLE ☐ Change ☒ Addition

NAME SCACCHETTI, RICHARD
3.2 STREET ADDRESS 7367 Stacy Lane
3.3 CITY-ST-ZIP Sarasota, FL 34241

4.1 TITLE ☐ Change ☒ Addition

NAME MC ENTEE, MARIE
4.2 STREET ADDRESS 4473 Longmeadow
4.3 CITY-ST-ZIP Sarasota, FL 34235

5.1 TITLE ☐ Change ☒ Addition

NAME CORSENTINO, MARIE
5.2 STREET ADDRESS 8021 Bobcat Circle
5.3 CITY-ST-ZIP Sarasota, FL 34238

6.1 TITLE ☐ Change ☒ Addition

NAME Castraberti, ROSEMARIE
6.2 STREET ADDRESS 4348 Brandywine Dr.
6.3 CITY-ST-ZIP Sarasota, FL 34241

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Chatson

2/19/99 (941) 923-7326

Date Daytime Phone #

CR2E037 (11/98)