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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33486					
1. Corporation Name THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.					
Principal Place of Business P.O. BOX 1583 EUSTIS FL 32727-1583 US			Mailing Address P.O. BOX 1583 EUSTIS FL 32727-1583 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/28/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2980181	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 25 Country		Zip 29 Country 30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DEGREGORIO, JULIUS J 17100 SE HWY 452 UMATILLA FL 32784				10. Name and Address of New Registered Agent 81 Name JOSEPH S. PLUCHINO 82 Street Address (P.O. Box Number is Not Acceptable) 35406 HIGHLAND DRIVE 83 84 City EUSTIS FL 85 Zip Code 32736			
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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 **JOSEPH S. PLUCHINO** *Joseph S. Pluchino, TREAS.* **1/25/99** DATE

(NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	D	☒ Change ☐ Addition	
NAME	PLUCHINO, KAY			1.2 NAME	BARGENT, FRANK		
STREET ADDRESS	35406 HIGHLAND DRIVE			1.3 STREET ADDRESS	30403 ORANGE DRIVE		
CITY-ST-ZIP	EUSTIS FL 32726			1.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	D	☐ DELETE		2.1 TITLE	D	☒ Change ☐ Addition	
NAME	LIBERNINI, JOSEPH			2.2 NAME	VOCCHI, MARK		
STREET ADDRESS	41516 CO. ROAD 452			2.3 STREET ADDRESS	34324 PARK LANE		
CITY-ST-ZIP	LEESBURG FL 34788			2.4 CITY-ST-ZIP	LEESBURG, FL 34788		
TITLE	D	☐ DELETE		3.1 TITLE	D	☒ Change ☐ Addition	
NAME	LONGO, STEPHEN			3.2 NAME	LIBERNINI, JOSEPH		
STREET ADDRESS	14801 GREATER PINES BLVD			3.3 STREET ADDRESS	41516 CO. ROAD 452		
CITY-ST-ZIP	CLERMONT FL 34711			3.4 CITY-ST-ZIP	LEESBURG, FL 34788		
TITLE	S	☐ DELETE		4.1 TITLE	RS. SULSENTI, GRACE	☒ Change ☐ Addition	
NAME	COFER, EMILIA			4.2 NAME	20138 SUGARLOAF MT RD.		
STREET ADDRESS	10416 SUMMIT SQUARE DRIVE			4.3 STREET ADDRESS	CLERMONT, FL 34711		
CITY-ST-ZIP	LEESBURG FL 34788			4.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE		5.1 TITLE	S	☒ Change ☐ Addition	
NAME	SHAW, HARRY			5.2 NAME	LUKOV, TONI		
STREET ADDRESS	103 SUNRISE LANE			5.3 STREET ADDRESS	330 RIVER GLASS COURT		
CITY-ST-ZIP	EUSTIS FL 32726			5.4 CITY-ST-ZIP	LEESBURG, FL 34788		
TITLE	S	☐ DELETE		6.1 TITLE	T	☒ Change ☐ Addition	
NAME	MATTHEWS, MARY			6.2 NAME	PLUCHINO, JOSEPH		
STREET ADDRESS	17100 S.W. HWY 452			6.3 STREET ADDRESS	35406 HIGHLAND DRIVE		
CITY-ST-ZIP	UMATILLA FL 32784			6.4 CITY-ST-ZIP	EUSTIS, FL 32736		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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

JOSEPH S. PLUCHINO

Date

Daytime Phone #

(352) 483-2553

CR2E037 (1/98)