2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2008 8:00 am
Secretary of State
05-19-2008 90039 028 ****61.25

DOCUMENT # N92000000593

1. Entity Name

THE GULF COAST ITALIAN CULTURE SOCIETY, INC.

Principal Place of Business	Mailing Address
DOROTHY LEONE 4294 REFLECTIONS PKWY SARASOTA FL 34233 US	P. O. BOX 25321 SARASOTA FL 34277 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONE, DOROTHY 4294 REFLECTIONS PKWY SARASOTA FL 34233	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dorothy Leone DOROTHY LEOME, TREASURER 4/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEONE, DOROTHY 4294 REFLECTIONS PKWY SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DS AIDA LABRUTTIE 7496 BOTANIA PKWY SARASOTA, FL 34238	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS AMEDEO, NATALIE PO BOX 266 LONGBOAT KEY FL 34228	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D - JOSEPH MOCCIA 3990 CHATSWORTH GREEN SARASOTA, FL 34235	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PALMER, MARY 1233 N. GULF STREAM APT 904 SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PIZZI, SAMUEL DR 118 GOLF CLUB LN VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORSENTINO, MARIE 8021 BOBCAT CIRCLE SARASOTA FL 34238	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMEDEO, ROBERT PO BOX 266 LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Leone DOROTHY LEOME 4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #