

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000593

**Entity Name:** GULF COAST ITALIAN CULTURE SOCIETY, INC.

**FILED**  
**Feb 26, 2020**  
**Secretary of State**  
**6554094568CC**

**Current Principal Place of Business:**

SHERYL LAZZAROTTI  
7486 EDENMORE ST  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

GULF COAST ITALIAN CULTURE SOCIETY, INC.  
PO BOX 2591  
SARASOTA, FL 34230 US

**FEI Number: 65-0369121**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAZZAROTTI, SHERYL  
7486 EDENMORE ST  
LAKEWOOD RANCH, FL 34202 US

*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.*

**SIGNATURE: SHERYL LAZZAROTTI**

**02/26/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER  
Name KORP, WILLIAM R  
Address 156 EMERSON DRIVE  
City-State-Zip: SARASOTA FL 34226

Title S, D  
Name RODERICK, ELLEN  
Address 770 S PALM AVE  
# 1003  
City-State-Zip: SARASOTA FL 34236

Title PRESIDENT  
Name LAZZAROTTI, SHERYL  
Address 7486 EDENMORE ST  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP  
Name MERCURIO, LINDA  
Address 5770 DEER HOLLOW LANE, W  
City-State-Zip: SARASOTA FL 34232

Title TREASURER  
Name THOMAS, PENNY  
Address 4112 PINAR DRIVE  
City-State-Zip: BRADENTON FL 34210

Title DIRECTOR  
Name PARODI, PAMELA  
Address 4081 PRAIRIE VIEW DRIVE NORTH  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name AHERN, LINDA  
Address 4238 65TH PLACE EAST  
City-State-Zip: SARASOTA FL 34243

Title ASST. SECRETARY, SECRETARY  
Name HERMAN, JUDY  
Address 1362 FORTIETH STREET  
City-State-Zip: SARASOTA FL 34234

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PENNY THOMAS**

**TREASURER**

**02/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HALL, JERRY  
Address        6508 WATERFORD CIRCLE  
City-State-Zip: SARASOTA FL 34238