

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90109 023 ****61.25

DOCUMENT # 714230

1. Corporation Name

DA VINCI ITALIAN AMERICAN SOCIETY, INC.

Principal Place of Business

P.O. BOX 541101
MERRITT ISLAND FL 32954

Mailing Address

P.O. BOX 541101
MERRITT ISLAND FL 32954

104415 - 90109 - 23



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/07/1968

4. FEI Number

59-2478801

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

PERTILE, BENJAMIN
1660 AMBERJACK CT.
MERRITT ISLAND FL 32952

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

Benjamin Pertile
Signature, typed or printed name of registered agent and title if applicable.

BENJAMIN PERTILE
(NOTE: Registered Agent signature required when reinstating)

1/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME MAURO, MARIO S.
STREET ADDRESS 105 FIRST ST.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ DELETE
NAME ~~HOPP, ANN~~
STREET ADDRESS ~~117 JUNE DRIVE~~
CITY-ST-ZIP ~~COCOA BEACH FL 32931~~

TITLE ☐ DELETE
NAME HOPP, CHARLES
STREET ADDRESS 117 JUNE DRIVE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE
NAME BRITT, JONAH
STREET ADDRESS 1032 SHAYTON AVENUE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE
NAME CUTO, ALFRED
STREET ADDRESS 475 BELAIRE AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ DELETE
NAME TAGLIERI, CARMELA
STREET ADDRESS 2345 PALM LAKE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME *S ROSALIE FATERROSS*
2.3 STREET ADDRESS *2185 CAPEVIEW ST*
2.4 CITY-ST-ZIP *MERRITT ISLAND FL 32952*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Charles Hopp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)