

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 12

DOCUMENT # 717303 (2)
1. Corporation Name
NAPLES ITALIAN-AMERICAN CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7035 AIRPORT RD.N. NAPLES FL 33942
Mailing Address: 7035 AIRPORT RD.N. NAPLES FL 33942

3. Date Incorporated or Qualified: 10/03/1969
3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-1450004
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 25
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
Country: 25
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
TOMMARCHI, VICTOR
7035 AIRPORT RD N
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINAGRA, ANTONINO
STREET ADDRESS	505 BEACHWAK CIRC.
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	NAPOLEON, LEE
STREET ADDRESS	6219 10TH AVE., N.W.
CITY-ST-ZIP	NAPLES FL
TITLE	SV
NAME	TOMMARCHI, ROSE
STREET ADDRESS	3225 REGATTA RD.
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	JENSEN, PHYLLIS
STREET ADDRESS	407 SEAGULL AVE.
CITY-ST-ZIP	NAPLES FL
TITLE	TD
NAME	DEGRANDI, JOSEPH
STREET ADDRESS	1385 ILLINOIS DR.
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	RAYMOND FRANCISCO
STREET ADDRESS	3695 MCCOMB LN.
CITY-ST-ZIP	BONITA SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
71-16-95-813-5775210
13.00
13.00