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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722466** (0)

1. Corporation Name

PASCO ITALIAN AMERICAN CIVIC CLUB, INC.

Principal Place of Business

Mailing Address

7621 MARYLAND AVE.
HUDSON FL 34667

7621 MARYLAND AVE.
HUDSON FL 34667



3. Date Incorporated or Qualified

01/18/1972

4. FEI Number

59-1688156

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOMBARDI, VINCENT
9717 ANDY DR
HUDSON FL 34667**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **FUCA, JOSEPH**
STREET ADDRESS **9420 REGINA LANE**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **BONICA, DANTE**
STREET ADDRESS **9103 COTSWOLD WAY**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VP** ☐ DELETE

NAME **AUGUST, BUONAIUTO**
STREET ADDRESS **13514 CLAUDIA DR.**
CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☒ DELETE

NAME **BUONO, FRANK**
STREET ADDRESS **8502 BERKLEY DR.**
CITY-ST-ZIP **HUDSON FL**

TITLE **T** ☒ DELETE

NAME **FIMMANO, FRANK**
STREET ADDRESS **8790 POWDERHORN ROW**
CITY-ST-ZIP **BAYONET PT. FL**

TITLE **P** ☐ DELETE

NAME **LOMBARDI, VINCENT**
STREET ADDRESS **9717 ANDY DR.**
CITY-ST-ZIP **HUDSON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition

1.2 NAME **VITO Mennella**
1.3 STREET ADDRESS **7811 SCRUBOAK COURT**
1.4 CITY-ST-ZIP **HUDSON, FL 34667-1476**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Director** ☐ Change ☒ Addition

4.2 NAME **PAT Berardi**
4.3 STREET ADDRESS **11220 KNOTTY PINE DRIVE**
4.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34654-1916**

5.1 TITLE **Treasurer** ☐ Change ☒ Addition

5.2 NAME **Joseph Menicola**
5.3 STREET ADDRESS **7406 Candlelight Court**
5.4 CITY-ST-ZIP **PO Box-1262 PORT RICHEY, FL 34673-1262**

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 as an attachment with an address.

SIGNATURE:

Joseph Menicola **Treasurer**

01/07/98

CR2E037 (10/97)