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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **722466**

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 01/18/1972

4. FEI Number: 59-1688156 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

LOMBARDI, VINCENT
9717 ANDY DR
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: JOSEPH DIGLIO
82 Street Address (P.O. Box Number is Not Acceptable): 12355 DEARBORN DR.
83: BAYONET PT.
84 City: FL 85 Zip Code: 34667

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: JOSEPH DIGILO — 1-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERARDI, PAT		1.2 NAME		
STREET ADDRESS	11220 KNOTTY PINE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 24654		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	DIRECOTOR	☑ Change ☐ Addition
NAME	BONICA, DANTE		2.2 NAME	FRANK BUONO	
STREET ADDRESS	9103 COTSWALD WAY		2.3 STREET ADDRESS	8817 SPRING HAVEN BLVD.	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655	
TITLE	VP	☑ DELETE	3.1 TITLE	VP	☑ Change ☐ Addition
NAME	AUGUST, BUONAIUTO		3.2 NAME	LICIO GIULIANI	
STREET ADDRESS	13514 CLAUDIA DR.		3.3 STREET ADDRESS	290 CAUSEWAY BLVD.	
CITY-ST-ZIP	HUDSON FL		3.4. CITY-ST-ZIP	DUNEDIN, FL. 34698	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MENNELLA, VITO		4. 2 NAME		
STREET ADDRESS	7811 SCRUBOAK CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		4.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	5.1 TITLE	T	☑ Change ☐ Addition
NAME	MENILOLA, JOSEPH		5.2 NAME	JOSEPH S. FUCA SR	
STREET ADDRESS	7406 CANDLELIGHT CT		5.3 STREET ADDRESS	9420 REGINA LN.	
CITY-ST-ZIP	PORT RICHEY FL 34673		5.4 CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	P	☑ DELETE	6.1 TITLE	P	☑ Change ☐ Addition
NAME	LOMBARDI, VINCENT		6.2 NAME	JOSEPH DIGILO	
STREET ADDRESS	9717 ANDY DR.		6.3 STREET ADDRESS	12355 DEARBORN DR.	
CITY-ST-ZIP	HUDSON FL		6.4 CITY-ST-ZIP	BAYONET PT. FL. 34667	

CR2E037 (11/98)

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: SIGNATURE REQUIRED — 727 868-8358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #