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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **728269** **(2)**

1. Corporation Name

ITALIAN AMERICAN CLUB OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
1471 CYPRESS AVENUE MELBOURNE FL 32935	1471 CYPRESS AVENUE MELBOURNE FL 32935-5826

3. Date Incorporated or Qualified: 01/17/1974
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 23-7385209 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAWROWSKI, EDWARD
1686 TUERS ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: ALBERT SORRENTINO
82 Street Address (P.O. Box Number is Not Acceptable): 1054 BACON CIRCLE
83
84 City: PALM BAY **FL** 85 Zip Code: 32905

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: Albert Sorrentino — 3/27/97
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	PDTR	☐ DELETE	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	RUSSO, ANTHONY M		1.2 NAME		
STREET ADDRESS	3203 EASTMAN AVE NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SORRENTINO, ALBERT		2.2 NAME		
STREET ADDRESS	1054 BACON CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP		
TITLE	CS	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	AMATO, MARY G.		3.2 NAME		
STREET ADDRESS	2800 ALGONQUIN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEBLASIO, PAT		4.2 NAME		
STREET ADDRESS	3089 WOODSMILL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	RS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SORRENTINO, BERNADETTE		5.2 NAME		
STREET ADDRESS	1054 BACON CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	6.1 TITLE	CS	☐ Change ☒ Addition
NAME	GAWRONSKI, EDWARD		6.2 NAME	NICK CASULLI	
STREET ADDRESS	1686 TUERS RD		6.3 STREET ADDRESS	2601 KINGDOM AVE	
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP	MELBOURNE, FL 32934	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Albert Sorrentino — ALBERT SORRENTINO — 3/27/97 — 242-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #