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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 728269

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/17/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7385209 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GHEZZI, DENNIS 2455 BURNS AVENUE MELBOURNE FL 32935	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GHEZZI, DENNIS		1.2 NAME		
STREET ADDRESS	2455 BURNS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURE FL 32935		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	T/TR/D	☐ Change ☒ Addition
NAME	GAWRONSKI, EDWARD		2.2 NAME	PAT. DEBLASIO	
STREET ADDRESS	1686 TUERS ROAD		2.3 STREET ADDRESS	3089 WOODSMILL DR	
CITY-ST-ZIP	MELBOURNE FL 32935		2.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	T	☒ DELETE	3.1 TITLE	V/TR/D	☐ Change ☒ Addition
NAME	MUSANTE, JOSEPH		3.2 NAME	ANTHONY VERZI	
STREET ADDRESS	3005 CLEARLAKE ROAD #1		3.3 STREET ADDRESS	625 MANOR PLACE	
CITY-ST-ZIP	MELBOURNE FL 32935		3.4 CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	T	☐ DELETE	4.1 TITLE	TR/D	☒ Change ☐ Addition
NAME	SORRENTINO, MIKE		4.2 NAME		
STREET ADDRESS	2686 SABRINA STREET NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED 4/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAT DEBLASIO

CR2E037 (11/98)