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**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001473558
-05/03/95--01113--006
*****68.75 *****68.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # 731449 (5)
1. Corporation Name
**THE ITALIAN-AMERICAN SOCIAL CLUB OF BEVERLY HILL
S, INC.**

Principal Place of Business Mailing Address
ESTHER LATZ
33 S. COLUMBUS ST.
BEVERLY HILLS FL 34465
US

3. Date Incorporated or Qualified **12/23/1974** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2887719** Applied For
Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLANSANTI, ALFRED A
229 S. DAVIS ST.
BEVERLY HILLS FL 34465

81 Name **SAME 800001473558**
82 Street Address (P.O. Box Number is Not Permitted) **229 S. DAVIS ST.**
83 *******61.25 *****61.25**
84 City **FL** 85 Zip Code

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 *Alfred A. Glansanti* **4 April 1995**
(NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **LATZ, ESTHER**
STREET ADDRESS **33 S. COLUMBUS ST.**
CITY-ST-ZIP **BEVERLY HILLS FL**
TITLE **VP**
NAME **RIZZONE, CHARLES**
STREET ADDRESS **88 SS.J. KELLNER BLVD.**
CITY-ST-ZIP **BEVERLY HILLS FL**
TITLE **S**
NAME **D'ANNUNZIO, GLORIA**
STREET ADDRESS **105 S. MONROE STREET**
CITY-ST-ZIP **BEVERLY HILLS FL**
TITLE **T**
NAME **GLANSANTI, ALFRED**
STREET ADDRESS **229 S. DAVIS STREET**
CITY-ST-ZIP **BEVERLY HILLS FL**
TITLE **D**
NAME **PABLO, ANN**
STREET ADDRESS **3884 N. ROSEBAY PATH**
CITY-ST-ZIP **BEVERLY HILLS FL**
TITLE **D**
NAME **MAGUINO, ANN**
STREET ADDRESS **19 PLAZA ST.**
CITY-ST-ZIP **BEVERLY HILLS FL**

11 TITLE **P** ☐ Change ☐ Addition
12 NAME **LATZ, ESTHER PRO TEM**
13 STREET ADDRESS **33 S. COLUMBUS ST.**
14 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**
21 TITLE **VP** ☒ Change ☐ Addition
22 NAME **ANDREONE, JAMES**
23 STREET ADDRESS **312 S. LINCOLN AVE.**
24 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**
31 TITLE **S** ☐ Change ☐ Addition
32 NAME **D'ANNUNZIO, GLORIA** **SAME**
33 STREET ADDRESS **105 S. MONROE STREET**
34 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**
41 TITLE **T** ☐ Change ☐ Addition
42 NAME **SAME**
43 STREET ADDRESS **229 S. DAVIS STREET**
44 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**
51 TITLE **D** ☒ Change ☐ Addition
52 NAME **BARKER, JOSEPHINE**
53 STREET ADDRESS **5250 N. BEDSTRAW BLVD.**
54 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**
61 TITLE **D** ☒ Change ☐ Addition
62 NAME **NAPOLITANO, BEA**
63 STREET ADDRESS **221 S. HARRISON ST.**
64 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

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)(b), 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 any attachment with an address.

SIGNATURE: *Alfred A. Glansanti* **ALFRED A. GLANSANTI** **4/5/95** **904-746-5573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR