

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90396 023 ****61.25

DOCUMENT # 731449

1. Entity Name

THE ITALIAN-AMERICAN SOCIAL CLUB OF BEVERLY HILLS, INC.



Principal Place of Business

Mailing Address

**JAMES ANDREONE
8515 E GOSPEL ISLAND
INVERNESS FL 34450
US**

**JAMES ANDREONE
8515 E GOSPEL ISLAND
INVERNESS FL 34450
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2887719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIANSANTI, ALFRED
229 S DAVIS ST
BEVERLY HILLS FL 34465**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **D'ANNUNZIO, GLORIA**
STREET ADDRESS **105 S. MONROE**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VP** ☒ Delete
NAME **MINICHIELLO, JOSEPH**
STREET ADDRESS **82 S. LUCILLE ST.**
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **S** ☒ Delete
NAME **BORGONETTI, FRANCES**
STREET ADDRESS **46 S. JEFFERY ST.**
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **T** ☐ Delete
NAME **GIANSANT, ALFRED**
STREET ADDRESS **229 S DAVIS ST**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☐ Delete
NAME **MENDISE, FRANK**
STREET ADDRESS **3090 CHICKSAW WAY**
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **D** ☐ Delete
NAME **MENDISE, MARY**
STREET ADDRESS **3090 CHICKSAW WAY**
CITY-ST-ZIP **BEVERLY HILLS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **MINICHIELLO, JOSEPH**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfred Giansanti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/03/04 352-7465573