

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:15

DOCUMENT # 733756 (1)

1. Corporation Name

ITALIAN-AMERICAN CLUB OF HERNANDO COUNTY, INC.

Principal Place of Business

Mailing Address

SPRINGHILL COMMUNITY ACTIVITY CENTER
7420 TRANQUIL DR.
SPRING HILL FL 34606
US

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7420 TRANQUIL DR.
SPRING HILL FL 34606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1730044	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
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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIGNATIello, JOSEPH L
12345 LOLA DRIVE
SPRING HILL FL 34608

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PIGNATIello, JOSEPH
STREET ADDRESS	12345 LOLA DRIVE
CITY-ST-ZIP	SPRING HILL FL
TITLE	D
NAME	GAGLIANO, ACHILLE
STREET ADDRESS	6259 HILLVIEW ROAD
CITY-ST-ZIP	SPRING HILL FL
TITLE	T
NAME	PIGNATIello, NANCY
STREET ADDRESS	12345 LOLA DR.
CITY-ST-ZIP	SPRING HILL FL
TITLE	T
NAME	BUCKLEY, ORIANA
STREET ADDRESS	6052 NEWMARK ST.
CITY-ST-ZIP	SPRING HILL FL
TITLE	T
NAME	CARELLO, FRANCIS
STREET ADDRESS	1941 NOAH AVENUE
CITY-ST-ZIP	SPRING HILL FL
TITLE	D
NAME	MASTRANELO, LOLA
STREET ADDRESS	7420 TRANQUIL DRIVE
CITY-ST-ZIP	SPRING HILL FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	delete
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	delete
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no additions.

SIGNATURE:

Joseph L. Pignatiello

2-11-95

904/597-2319

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number