

FILE NOW: FILING FEE IS \$61.25 *ck # pd 192*

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **09/05/1975** 3a. Date of Last Report **02/16/1995**
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**
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 **SAME AS ABOVE** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
Country 29 Country
24 25 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 **LOLA MASTRANGELO**
82 Street Address (P.O. Box Number is Not Acceptable)
7420 TRANQUIL DRIVE
83
84 City **SPRING HILL** FL 85 Zip Code **34606**

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 *Lola Mastrangelo* 1-24-96
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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	-PIGNATIELLO, JOSEPH-	1.2 NAME	STOKES, PAULINE
STREET ADDRESS	-12345 LOLA DRIVE	1.3 STREET ADDRESS	8213-OMAHA CIRCLE
CITY-ST-ZIP	-SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL FLA 34606
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	-GAGLIANO, ACHILLE-	2.2 NAME	D'ORTA, VIOLET
STREET ADDRESS	-8260 HILLVIEW ROAD	2.3 STREET ADDRESS	2635 ROYAL RIDGE DRIVE
CITY-ST-ZIP	-SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL FLA 34606
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTRANGELO, LOLA	3.2 NAME	
STREET ADDRESS	7420 TRANQUIL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, ORIANA	4.2 NAME	
STREET ADDRESS	6052 NEWMARK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lola Mastrangelo* - **LOLA MASTRANGELO** 1-24-96 904 683 6449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)