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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
SPRINGHILL COMMUNITY ACTIVITY CENTER
7420 TRANQUIL DR.
SPRING HILL FL 34606-6559
US

3. Date Incorporated or Qualified 09/05/1975
3a. Date of Last Report 01/31/1996

2. Principal Place of Business Activity Ct.
21 Spring Hill Community
Suite, Apt. #, etc.
22 5458 Parnell Avenue
City & State
23 Spring Hill Fla
Zip 34608 Country USA
24 34608 25 USA
26 Spring Hill Comm Act Center
Suite, Apt. #, etc.
27 5458 Parnell Avenue
City & State
28 Spring Hill Fla
Zip 34608 Country USA
29 34608 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOLA MASTRANGELO
7420 TRANQUIL DRIVE
SPRINGHILL FL 34606

81 Name Theresa J. Gemmati
82 Street Address (P.O. Box Number is Not Acceptable) 5458 Parnell Avenue
83 Spring Hill Florida 34608
84 City Spring Hill FL 85 Zip Code 34608

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, 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 Theresa J. Gemmati DATE 2/20/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 STROKES, PAULINE 8213 OMAHA CIRCLE SPRING HILL FL
2 D'ORTA, MOLETT 2835 ROYAL RIDGE DRIVE SPRING HILL FL
3 MASTRANGELO, LOLA 7420 TRANQUIL DR SPRING HILL FL
4 BUCKLEY, ORIANA 6052 NEWMARK ST. SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME Marie Cardinale
2.3 STREET ADDRESS 13142 Tera Street
2.4 CITY-ST-ZIP Spring Hill, Florida 34609
3.1 TITLE
3.2 NAME Theresa J. Gemmati
3.3 STREET ADDRESS 5458 Parnell Avenue
3.4 CITY-ST-ZIP Spring Hill, Florida 34608
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Theresa J. Gemmati 2/1/97 (352) 666-2525
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0066362

CR2E037 (9/96)