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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733756
1. Corporation Name
ITALIAN-AMERICAN CLUB OF HERNANDO COUNTY, INC.

Principal Place of Business: SPRINGHILL COMMUNITY ACTIVITY CENTER, 5458 PARNELL AVENUE, SPRING HILL FL 34608 US
Mailing Address: SPRINGHILL COMMUNITY ACTIVITY CENTER, 5458 PARNELL AVENUE, SPRING HILL FL 34608 US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/05/1975 4. FEI Number 59-1730044 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent GEMMATI, THERESA J. 5458 PARNELL AVENUE SPRINGHILL FL 34608	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: PIGNATIELLO, NANCY	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Joseph Pignatiello
STREET ADDRESS: 12345 LOLA DR	CITY-ST-ZIP: SPRINGHILL FL 34608	1.2 NAME:	1.3 STREET ADDRESS: 12345 Lola Drive
TITLE: D <input type="checkbox"/> DELETE	NAME: CARDINALE, MARIE	1.4 CITY-ST-ZIP: Spring Hill, FL 34608	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 13142 TARA STREET	CITY-ST-ZIP: SPRING HILL FL	2.2 NAME:	2.3 STREET ADDRESS:
TITLE: D <input type="checkbox"/> DELETE	NAME: GEMMATI, THERESA J.	2.4 CITY-ST-ZIP:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5458 PARNELL AVENUE	CITY-ST-ZIP: SPRING HILL FL	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: T <input type="checkbox"/> DELETE	NAME: BUCKLEY, ORIANA	3.4 CITY-ST-ZIP:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6052 NEWMARK ST.	CITY-ST-ZIP: SPRING HILL FL	4.2 NAME:	4.3 STREET ADDRESS:
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BENNETT, BETTY L	4.4 CITY-ST-ZIP:	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8284 APPLE ORCHARD ROAD	CITY-ST-ZIP: SPRINGHILL FL 34606	5.2 NAME:	5.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.4 CITY-ST-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME: Doreen Melucci	6.3 STREET ADDRESS: 1413 Meadowlark St
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP: Spring Hill, FL 34609	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Theresa J Gemmati DATE: 1/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)