FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Apr 03 1996 8:00 am
Secretary of State

DOCUMENT # **735054** **(9)**

1. Corporation Name

THE ITALIAN AMERICAN CLUB OF CHARLOTTE COUNTY, I NC.

Principal Place of Business	Mailing Address
25250 AIRPORT ROAD PUNTA GORDA FL 33950	25250 AIRPORT ROAD PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: 02/26/1976
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1652190 ☐ 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

GOODRICH, ALLEN
3488 PELLAM BOULEVARD
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: MANGANIELLO, REGINA
82 Street Address (P.O. Box Number is Not Acceptable): 2284 HAYWORTH ROAD
83
84 City: PORT CHARLOTTE **FL** 85 Zip Code: 33952

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: Regina Manganiello REGINA MANGANIELLO 4-1-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOODRICH, ALLEN R. 3488 PELLAM BLVD. PORT CHARLOTTE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition P MANGANIELLO REGINA 2284 HAYWORTH ROAD PORT CHARLOTTE, FL 33952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TUFARIELLO, VINCENT J. 1604 MESSINA DRIVE PUNTA GORDA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VP PEPE ANTHONY 15499 LAKE WORTH BLVD. PORT CHARLOTTE, FL 33948
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANGANIELLO, REGINA 2284 HAYWORTH ROAD PORT CHARLOTTE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition TD RABELL, THERESA 103 PECKHAM ST, SW PORT CHARLOTTE, FL 33952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD RAMAGLIA, VITO 27083 SAFFRON DRIVE PUNTA GORDA FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition FD LEWIS, VIOLA 1604 MESSINA DRIVE PUNTA GORDA, FL 33950
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD RAVINA, FRANCES 110 S.W. PECKHAM STREET PORT CHARLOTTE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 700001TQB25T -04/03/96--01066--011 ***70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD FAGGOLI, GRACE 3830 BAL HARBOR BLVD., #26 PUNTA GORDA FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition CSD MATRA MARGO 2459 MONTPELIER ROAD PORT CHARLOTTE, FL 33983

CR2E037 (12/95)

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: Regina Manganiello, Pres. 3/30/96 941-639-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #