FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

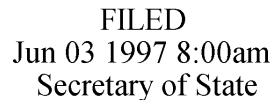
Sandra 🐉 Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

THE ITALIAN AMERICAN CLUB OF CHARLOTTE COUNTY, I NC.





Principal Pla	ce of Business	Mailing Address							
26250 AIRPORT ROAD PUNTA GORDA FL 83950		25250 AIRPORT ROAD PUNTA GORDA FL 33950-5743							
						3. Date Incorporated or Qualified 02/26/1976	3a. Date of Last I 04/03/19		
21	Place of Business	2a. Mailing Address 26				4. FEI Number 59-1652190	Applied For Not Applicable		
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country	Zip	Coun	try		8. This corporation has liability for in			
[24]	9. Name and Address of Current	29	30			Florida Statutes	Yes 🔲 No		
	a, Marite and Address of Curren	t Hegistered Agent		10. Name and Address of New Registered Agent					
1441104	MICH O PEONIA				H	llen Goodrich			
MAJACA	INIELLO, REGINA AYWORTH RD	82 Street Add			Addre	ress (P.O. Box Number is Not Acceptable) 3488 Pellam Blvd.			
PORT CHARLOTTE FL 33952				83 3400 Pellam Blvd.					
			L						
11 Purcuant	to the provisions of Captions 547 0500	2 1 247 4500 51 11 0		4 City	Poi	rt Charlotte	FL 85 33	948	
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 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 Signature, typed of printed name of registered agent and title if applicative. (NOTE: Registered Agent signature required when tethstating) DATE									
12.*	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		I	President	Change	Addition	
NAME	MANGANIELLO, REGINA		1.2 NAM	E	$ - \xi $	Allen Goodrich 3488 Pellam Blvd.			
STREET ADDRESS	2284 HAYWORTH RD		1.3 STRE	ET ADDRESS	3	3488 Pellam Blvd.	<u></u>		
CITY-ST-ZIP TITLE	PORT CHARLOTTE FL 33952	December	14 CITY			ort Charlotte, F			
NAME I	PEDE ANTHONY	DELETE	2 1 TITLE		}	lice-President	☐ Change	Addition (
STREET ADDRESS	PEPE, ANTHONY 15499 LAKE WORTH BLVD		2.2 NAMI		1	Anthony Pepe	2.11		
CITY-ST-2IP	PORT CHARLOTTE FL 33948		i i	E1 ADDRESS		5499 Lake Worth I Port Charlotte, F	1 220/12		
TITLE	1D	☐ DELET E	2 4 CITY 3 1 TITLE		ו מ	reasurer	☐ Change	A delition	
NAME	RABELL, THERESA		3.2 NAME			heresa Rabell	□ Change	☐ Addition	
STREET ADDRESS	103 PECKHAM ST SW			et address	i	103 Peckham St. SV	٧		
City-St-ZIP	PORT CHARLOTTE FL 33952		3.4. CITY			ort Charlotte, F			
TITLE	FO	☐ DELETE	4.1 TITLE		+			Addition	
NAME	LEWIS, VIOLA		4. 2 NAM	E	* }	inancial Officer haron Mehalic 136 E. Marion Ave			
STREET ADDRESS	1604 MESINA DR		4 3 STREE	T ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL 33950	T server	4.4 CITY-	ST-ZIP			33950		
TITLE NAME	RSD BAMMA EDANGES	☐ DELETE	5.1 TITLE		J ?	ecretary	Change	Addition	
STREET ADDRESS	RAVINA, FRANCES 110 S.W. PECKHAM STREET		5.2 NAME		F	rances Ravina			
CITY-ST-ZIP	PORT CHARLOTTE FL			1 ADDRESS	Į į	10 SW Peckham Str Charlotte, F	reet		
TITLE	C&D	DELETE	5.4 CITY - 6.1 TITLE	SI-ZIP	 -	ort charlotte, r		T Addition	
NAME	MATRA, MARGO		6.2 NAME				L Change	☐ Addition	
STREET ADDRESS	2459 MONTPELIER RD		4	T ADDRESS	İ				
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		6.4 CITY-						
14 I do hereb		and the state of t	0.4 0111-	21.511.	L				

I do hereby certify that the information supplied with this filling 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.