

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Z. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735054 (9)

1. Corporation Name
THE ITALIAN AMERICAN CLUB OF CHARLOTTE COUNTY, I NC.

Principal Place of Business 25250 AIRPORT ROAD PUNTA GORDA FL 33950	Mailing Address 25250 AIRPORT ROAD PUNTA GORDA FL 33950-5743
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/26/1976	3a. Date of Last Report 04/03/1996
4. FEI Number 59-1652190	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANGANIELLO, REGINA
2284 HAYWORTH RD
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name **Allen Goodrich**
82 Street Address (P.O. Box Number is Not Acceptable)
3488 Pellam Blvd.
83
84 City **Port Charlotte** **FL** 85 Zip Code **33948**

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 *Allen Goodrich* 5-25-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MANGANIELLO, REGINA	
STREET ADDRESS	2284 HAYWORTH RD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEPE, ANTHONY	
STREET ADDRESS	15499 LAKE WORTH BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RABELL, THERESA	
STREET ADDRESS	103 PECKHAM ST SW	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	FD	<input type="checkbox"/> DELETE
NAME	LEWIS, VIOLA	
STREET ADDRESS	1804 MESINA DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	RAVINA, FRANCES	
STREET ADDRESS	110 S.W. PECKHAM STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	MATRA, MARGO	
STREET ADDRESS	2450 MONTPELIER RD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allen Goodrich	
1.3 STREET ADDRESS	3488 Pellam Blvd.	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anthony Pepe	
2.3 STREET ADDRESS	15499 Lake Worth Blvd.	
2.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Theresa Rabell	
3.3 STREET ADDRESS	103 Peckham St. SW	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
4.1 TITLE	Financial Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sharon Mehalic	
4.3 STREET ADDRESS	436 E. Marion Ave.	
4.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Frances Ravina	
5.3 STREET ADDRESS	110 SW Peckham Street	
5.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E037 (9/96)