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Jun 11 1998 8:00am  
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**25250 AIRPORT ROAD  
PUNTA GORDA FL 33950**

**25250 AIRPORT ROAD  
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified

**02/26/1976**

4. FEI Number

**59-1652190**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**GOODRICH, ALLEN  
3488 PELLAM BLVD.  
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

**81** Name **Anthony Pepe, President**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**15499 LAKE WORTH BOULEVARD**  
**83** **Port Charlotte, Fl. 33948**  
**84** City **FL** **85** Zip Code

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

*Anthony Pepe*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*June 1998*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOODRICH, ALLEN</b>	
STREET ADDRESS	<b>3488 PELLAM BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEPE, ANTHONY</b>	
STREET ADDRESS	<b>15499 LAKE WORTH BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RABELL, THERESA</b>	
STREET ADDRESS	<b>103 PECKHAM ST, S.W.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEHALIC, SHARON</b>	
STREET ADDRESS	<b>438 E MARION AVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>RAVINA, FRANCES</b>	
STREET ADDRESS	<b>110 S.W. PECKHAM STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>OSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATRA, MARGO</b>	
STREET ADDRESS	<b>2459 MONTPELIER RD</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33983</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Anthony Pepe</b>
1.3 STREET ADDRESS	<b>15499 Lake Worth Boulevard</b>
1.4 CITY-ST-ZIP	<b>Port Charlotte, Fla. 33948</b>
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Anthony Capone</b>
2.3 STREET ADDRESS	<b>1110 Aletha Ave.</b>
2.4 CITY-ST-ZIP	<b>Port Charlotte, Fla. 33948</b>
3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Regina Manganiello</b>
3.3 STREET ADDRESS	<b>2284 Hayworth Road</b>
3.4 CITY-ST-ZIP	<b>Port Charlotte, Fl. 33952</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VIOLA LEWIS</b>
4.3 STREET ADDRESS	<b>22431 Westchester Blvd. #2</b>
4.4 CITY-ST-ZIP	<b>Port Charlotte, Fl. 33952</b>
5.1 TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Frances Ravina</b>
5.3 STREET ADDRESS	<b>110 SW Peckham Street</b>
5.4 CITY-ST-ZIP	<b>Port Charlotte, Fl. 33952</b>
6.1 TITLE	<b>CSO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jim Stevens</b>
6.3 STREET ADDRESS	<b>Corresp. Secretary</b>
6.4 CITY-ST-ZIP	<b>638 Trumpet Tree</b>
	<b>Punta Gorda, Fl. 33955</b>

14. I 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:

*Regina Manganiello*

4-18-98

941-639-0006

CR2E037 (10/97)