

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 735054**

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90198 033 \*\*\*\*70.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	25250 Airport Road	26	25250 Airport Road	02/26/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Punta Gorda, FL 33950	59-1652190	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 - May Be Added to Fees	
24	Zip	29	Zip	Country	
25		30			

9. Name and Address of Current Registered Agent

PEPE, ANTHONY replaced by: Anthony Capone  
15499 LAKE WORTH BLVD 1110 Aletha Ave.  
PORT CHARLOTTE FL 33948 Port Charlotte, FL.  
33948

10. Name and Address of New Registered Agent

81 Name Anthony Capone  
82 Street Address (P.O. Box Number is Not Acceptable) 1110 Aletha Ave.  
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

*Regina Manganiello*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	President	1.1 TITLE	
NAME	CAPONE, ANTHONY	1.2 NAME	
STREET ADDRESS	1110 ALETHA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	1.4 CITY-ST-ZIP	
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	P	2.1 TITLE	Vice President
NAME	PEPE, ANTHONY	2.2 NAME	Josephine Georgio
STREET ADDRESS	15499 LAKE WORTH BLVD.	2.3 STREET ADDRESS	21507 Edgewater Drive
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	Port Charlotte, FL 33952
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD Treasurer	3.1 TITLE	
NAME	MANGANIELLO, REGINA	3.2 NAME	
STREET ADDRESS	2284 HAYWORTH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	Financial Secretary	4.1 TITLE	
NAME	LEWIS, VIOLA	4.2 NAME	
STREET ADDRESS	22431 WESTCHESTER BLVD #2	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DS	5.1 TITLE	
NAME	RAVINA, FRANCES	5.2 NAME	
STREET ADDRESS	110 S.W PECKHAM STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	CSD	6.1 TITLE	
NAME	STEVENS, JIM	6.2 NAME	
STREET ADDRESS	638 TRUMPET TREE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33955	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Regina Manganiello* TREASURER 3-9-99 (941) 639-0006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
REGINA MANGANIELLO

CR2E037 (1/99)