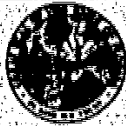


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE APRIL 1, 1995 (IF DISSOLVED, UNKNOWN AMOUNT DUE TO REGISTRATE: \$661)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 13 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 741341 (2)**

1. Corporation Name  
**THE ITALIAN-AMERICAN SOCIAL CLUB OF SILVER SPRING SHORES, INC.**

Principal Place of Business Mailing Address  
**525 SILVER RD Ocala FL 32672**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1978</b>	3a. Date of Last Report <b>04/06/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent  
**CAVALLUZZI, NICHOLAS  
40 SAPHIRE WAY  
SILVER SPRINGS SHORES  
OCALA FL 32672**

10. Name and Address of New Registered Agent  
81 Name **JOSEPH DESENA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **4 OAK CT. PL.**  
84 City **OCALA** S.I.S. **FL** 85 Zip Code **34472**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP APREA, ANIELLO 6 SPRING DRIVE WAY OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LISSY, JAMES 27 EMERALD CT. OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVALLAUZZI, NICHOLS 40 SAPHIRE WAY OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D'AMICO, VIRGINIA 484 WATER RN OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURCURATO, LORETTA 35 SAPHIRE RN OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V.P. FRANK GALLO 37 SPRING LB. OCALA FL 34472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD LISSY JAMES 27 EMERALD CT OCALA FL 34472 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD JOSEPH DESENA 4 OAK CT PL OCALA FL 34472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD D'AMICO VIRGINIA 484 WATER RUN OCALA FL 34472 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T CURCURATO LORETTA 35 SAPHIRE RN OCALA FL 34472 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Gallo V.P. 7/ 904-687-0364  
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR Date Daytime Phone #  
**FRANK GALLO**

CR2E037 (3/95)