FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742313 (0)

1. Corporation Name
UNITED ITALIAN-AMERICAN CIVIC CLUB OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
7222 WASHINGTON ST NEW PORT RICHEY FL 34652	7222 WASHINGTON ST NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1978
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1830616 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FONNOTTO, FRANK M
3304 HONEYMOON LANE
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name: Anthony Capitelli
82 Street Address (P.O. Box Number is Not Acceptable): 7264 Bottle Brush Dr.
83: Spring Hill, FL
84 City: FL 85 Zip Code: 34606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anthony S. Capitelli
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: March 16 1995

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	FONNOTTO, FRANK M	1.2 NAME	Anthony Capitelli
STREET ADDRESS	3304 HONEYMOON LANE	1.3 STREET ADDRESS	7264 Bottle Brush Dr.
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	CAPITELLI, ANTHONY	2.2 NAME	Nicholas DiFiore
STREET ADDRESS	7264 BOTTLE BRUSH DR	2.3 STREET ADDRESS	7207 Maplehurst Dr.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	ST	3.1 TITLE	ST ☒ Change ☐ Addition
NAME	SCUDER, CARL	3.2 NAME	Joseph Menicola
STREET ADDRESS	12610 RIVER MILL DR	3.3 STREET ADDRESS	7406 Candlelight St.
CITY-ST-ZIP	BAYONET POINT FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	VALENZISI, JOHN	4.2 NAME	Joseph Palminteri
STREET ADDRESS	4425 REEVES RD	4.3 STREET ADDRESS	1326 Fuchsia Dr.
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SALVATORE, BARTOLOMA	5.2 NAME	Vincent Buffa
STREET ADDRESS	9749 LAKESIDE LN	5.3 STREET ADDRESS	7410 Johnson Rd.
CITY-ST-ZIP	PT RICHEY FL	5.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	BUFFA, VINCENT	6.2 NAME	Andrew Maggio
STREET ADDRESS	7410 JOHNSON RD	6.3 STREET ADDRESS	2202 Society Dr.
CITY-ST-ZIP	PT RICHEY FL	6.4 CITY-ST-ZIP	Holiday, FL 34691

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)(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: Anthony S. Capitelli March 16 1995 813 848-1858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060140