

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



3. Date Incorporated or Qualified
04/07/1978

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITELLI, ANTHONY
7264 BOTTLE BRUSH DR.
SPRING HILL FL 34606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **CAPITELLI, ANTHONY**
STREET ADDRESS **7264 BOTTLE BRUSH DR.**
CITY-ST-ZIP **SPRINGHILL FL**

TITLE **VP** ☒ DELETE

NAME **DIFIORE, NICHOLAS**
STREET ADDRESS **7202 MAPLEHURST DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **ST** ☐ DELETE

NAME **MENICOLA, JOSEPH**
STREET ADDRESS **7406 CANDLELIGHT ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **PALMINTERI, JOSEPH**
STREET ADDRESS **1326 FUCHSIA DR.**
CITY-ST-ZIP **HOLIDAY FL**

TITLE **D** ☐ DELETE

NAME **BUFFA, VINCENT**
STREET ADDRESS **7410 JOHNSON ROAD**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **MAGGIO, ANDREW**
STREET ADDRESS **2202 SOCIETY DR.**
CITY-ST-ZIP **HOLIDAY FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP

MAGGIO, ANDREW
2202 SOCIETY DR.
HOLIDAY, FL

D

FRANZI, ALEXANDER
4806 CARROLWOOD ST.
NEW PORT RICHEY, FL

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

813 848-1858

Date

Daytime Phone #

CR2E037 (12/95)