2-16-95 B-1295 XC

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

XC
LG

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:12

DOCUMENT # 768872 (4)

1. Corporation Name
CENTER FOR ITALIAN STUDIES, INC.

Principal Place of Business	Mailing Address
% DR ROSA TRILLO CLOUGH 319 PURITAN RD WEST PALM BEACH FL 33405	% DR ROSA TRILLO CLOUGH 319 PURITAN RD WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: 05/26/1983
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2447527 ☐ Applied For ☐ Not Applicable
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

CLOUGH, DR. ROSA TRILLO
319 PURITAN RD
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

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 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CLOUGH, DR.ROSA TRILLO	12 NAME	
STREET ADDRESS	319 PURITAN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	W.PALM BCH. FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	FRIEDLANDER, ANNETTE	22 NAME	
STREET ADDRESS	500 OCEAN TRAIL WAY #210	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WIENCKE, DORIS	32 NAME	
STREET ADDRESS	2428 24TH WAY	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	VISCONSI, TOM	42 NAME	
STREET ADDRESS	521 S COUNTRY CLUB DR.	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☒ Change ☐ Addition
NAME	GLOATES, EDITH	52 NAME	T
STREET ADDRESS	6239 OLIVEWOOD CIR	53 STREET ADDRESS	NICOSIA, JOSEPH M
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	822 A-1 SKY PINE WAY W.PALM BCH, FL
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	D
STREET ADDRESS		63 STREET ADDRESS	SOVRAN, DR LUCIA
CITY-ST-ZIP		64 CITY-ST-ZIP	10545 GREEN TRAIL DR. S BOYNTON BCH, FL

14. I declare (or certify, verify or affirm) that the information supplied with this filing is true and accurate. For profit corporations, I further declare (or certify, verify or affirm) that the information indicated on this annual report or supplemental annual report is true and accurate and that I am authorized to sign this report. For a violation of this oath, I understand that I am subject to the penalty provided for in s. 817.155, Florida Statutes. I further declare (or certify, verify or affirm) 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 added by an attachment with an asterisk.

SIGNATURE: JOSEPH M NICOSIA, Treasurer February 7, 1995 407-968-0270
NAME & TITLE OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph M. Nicosia

0047004