

# 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 # 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**

3. Date Incorporated or Qualified **05/26/1983** 3a. Date of Last Report **02/16/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

## 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 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

## 12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLOUGH, DR. ROSA TRILLO</b>	
STREET ADDRESS	<b>319 PURITAN RD.</b>	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDLANDER, ANNETTE</b>	
STREET ADDRESS	<b>500 OCEAN TRAIL WAY #210</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WIENCKE, DORIS</b>	
STREET ADDRESS	<b>2428 24TH WAY</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VISCONSI, TOM</b>	
STREET ADDRESS	<b>521 S COUNTRY CLUB DR.</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>NICOSIA, JOSEPH M.</b>	
STREET ADDRESS	<b>822 A-1 SKY PINE WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOVRAN, DR. LUCIA</b>	
STREET ADDRESS	<b>10545 GREEN TRAIL DR. S.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>BOLTON, BARBARA</b>
3.4 CITY-ST-ZIP	<b>823 MARBELLA LANE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>LANTANA, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

*Joseph M. Nicosia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Joseph M. Nicosia**

**2/24/96** **(407)968-9116**

Date Daytime Phone #

CR2E037 (12/95)