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Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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% DR ROSA TRILLO CLOUGH
319 PURITAN RD
WEST PALM BEACH FL 33405-29033. Date Incorporated or Qualified
05/26/19833a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2447527Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CLOUGH, DR. ROSA TRILLO
STREET ADDRESS 319 PURITAN RD.
CITY - ST - ZIP W. PALM BCH. FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE S
NAME FRIEDLANDER, ANNETTE
STREET ADDRESS 500 OCEAN TRAIL WAY #210
CITY - ST - ZIP JUPITER FL2.1 TITLE
2.2 NAME S Doris D. Wiencke
2.3 STREET ADDRESS 5560 Tamberlane Circle #227
2.4 CITY - ST - ZIP Palm Beach Gardens, FLTITLE SD
NAME BOLTON, BARBARA
STREET ADDRESS 823 MARBELLA LANE
CITY - ST - ZIP LANTANA FL3.1 TITLE D
3.2 NAME Barbara Bolton
3.3 STREET ADDRESS 823 Marbella Lane
3.4 CITY - ST - ZIP Lantana, FLTITLE PD
NAME VISCONSI, TOM
STREET ADDRESS 521 S COUNTRY CLUB DR.
CITY - ST - ZIP W PALM BCH FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE T
NAME NICOSIA, JOSEPH M.
STREET ADDRESS 822 A-1 SKY PINE WAY
CITY - ST - ZIP WEST PALM BEACH FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D
NAME SOVRAN, DR. LUCIA
STREET ADDRESS 10545 GREEN TRAIL DR. S.
CITY - ST - ZIP BOYNTON BEACH FL6.1 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 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: Joseph M. Nicosia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Nicosia

561-968-9116

1.4.97

Date

Daytime Phone # 0040155

CR2E037 (9/96)