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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:48

DOCUMENT # N03142 (9)

1. Corporation Name
ZEPHYRHILLS ITALIAN-AMERICAN CLUB, INC.

Principal Place of Business	Mailing Address
4900 5TH ST P.O. BOX 111 ZEPHYRHILLS FL 33539	4900 5TH ST P.O. BOX 111 ZEPHYRHILLS FL 33539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1984
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2408701 ☐ 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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TOOMAJIAN, KIRK
4900-5TH ST.
ZEPHYRHILLS FL 33541

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	TOOMAJIAN, KIRK	1.2 NAME		
STREET ADDRESS	4900 - 5TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP		
TITLE	CBD	2.1 TITLE	CBD	☑ Change ☐ Addition
NAME	BURGESS, KEN	2.2 NAME	EARL, TINA	
STREET ADDRESS	33421 TAMMY LN	2.3 STREET ADDRESS	33413 BRISK DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33543	
TITLE	T	3.1 TITLE	T	☑ Change ☐ Addition
NAME	YEBBA, SIMONE	3.2 NAME	BURGESS, KEN	
STREET ADDRESS	5237 5TH ST.	3.3 STREET ADDRESS	33421 TAMMY LN.	
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	ZEPHYRHILLS FL. 33543	
TITLE	V	4.1 TITLE	V	☑ Change ☐ Addition
NAME	SAMMATARO, ROBERT	4.2 NAME	PERRY, ROBERT	
STREET ADDRESS	37601 OAK LANE DR.	4.3 STREET ADDRESS	37632 BERMUDA DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE	SD	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	BURGESS, NINA	5.2 NAME	PERRY, BONNIE	
STREET ADDRESS	33421 TAMMY LN	5.3 STREET ADDRESS	37632 BERMUDA DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	5.4 CITY-ST-ZIP	ZEPHYRHILLS FLA. 33541	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	EARL, TINA	6.2 NAME	CIRUALO, LOUIS	
STREET ADDRESS	33413 BRISK DR.	6.3 STREET ADDRESS	35235 DODIE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	6.4 CITY-ST-ZIP	ZEPHYRHILLS, FLA. 33541	

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: Kirk Toomajian 2-4-95 783-6618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022000