

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03142** (9)

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

Principal Place of Business <b>4900 5TH ST P.O. BOX 111 ZEPHYRHILLS FL 33539</b>	Mailing Address <b>4900 5TH ST P.O. BOX 111 ZEPHYRHILLS FL 33539-0111</b>
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3. Date Incorporated or Qualified <b>05/17/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 ROBERT PERRY</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. BOX 111</b> Suite, Apt. #, etc.	4. FEI Number <b>59-2408701</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22 37632 BERMUDA DRIVE</b> City & State	<b>27</b> City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23 ZEPHYRHILLS FL.</b> Zip Country	<b>28 ZEPHYRHILLS, FL.</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24 33541</b>	<b>25</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SIMONE, YEBBA 5237 5TH STREET ZEPHYRHILLS FL 33541</b>	10. Name and Address of New Registered Agent <b>81 Name PERRY, ROBERT PRESIDENT 82 Street Address (P.O. Box Number is Not Acceptable) 83 37632 BERMUDA DRIVE 84 City ZEPHYRHILLS FL 85 Zip Code 33541</b>
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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 **ROBERT PERRY** (NOTE: Registered Agent signature required when reinstating) DATE **1/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMONE, YEBBA</b>		1.2 NAME <b>PERRY, ROBERT</b>	
STREET ADDRESS <b>5237 5TH STREET</b>		1.3 STREET ADDRESS <b>37632 Bermuda Drive</b>	
CITY-ST-ZIP <b>ZEPHYRHILLS FL 33541</b>		1.4 CITY-ST-ZIP <b>Zephyrhills, Fl 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>CBD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Vice-President</b>	
NAME <b>FERRARO, ANYTHONY</b>		2.2 NAME <b>Toomajian, Kirk</b>	
STREET ADDRESS <b>37525 BERMUDA DR.</b>		2.3 STREET ADDRESS <b>4900 5th St.</b>	
CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>		2.4 CITY-ST-ZIP <b>Zephyrhills Fl. 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURGESS, KEN</b>		3.2 NAME <b>Perry, Frances</b>	
STREET ADDRESS <b>33421 TAMMY LANE</b>		3.3 STREET ADDRESS <b>37632 Bermuda Drive</b>	
CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>		3.4 CITY-ST-ZIP <b>Zephyrhills Fl. 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PERRY, ROBERT</b>		4.2 NAME <b>Walkinshaw, Marilyn</b>	
STREET ADDRESS <b>37632 BERMUDA DR</b>		4.3 STREET ADDRESS <b>4545 Blossom Blvd.</b>	
CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>		4.4 CITY-ST-ZIP <b>Zephyrhills, Fl 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>CBD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PERRY, BONNIE</b>		5.2 NAME <b>Walkinshaw, Art</b>	
STREET ADDRESS <b>37632 BERMUDA DR</b>		5.3 STREET ADDRESS <b>4545 Blossom Blvd.</b>	
CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>		5.4 CITY-ST-ZIP <b>Zephyrhills, Fl 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>B</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CROCCO, JOHN</b>		6.2 NAME <b>Croteau, ann</b>	
STREET ADDRESS <b>5110 CARROTWOOD DR.</b>		6.3 STREET ADDRESS <b>3250 Trish Drive</b>	
CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>		6.4 CITY-ST-ZIP <b>Zephyrhills, Fl. 33541</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(b), 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: **ROBERT PERRY** 1/25/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045709

CR2E037 (9/96)