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Secretary of State

03-01-1999 90237 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03142					
1. Corporation Name ZEPHYRHILLS ITALIAN-AMERICAN CLUB, INC.					
Principal Place of Business 4900 5TH STREET ZEPHYRHILLS FL 33539 US			Mailing Address PO BOX 111 ZEPHYRHILLS FL 33539-0111 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2408701	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PERRY, ROBERT 37632 BERMUDA DR ZEPHYRHILLS FL 33541 KIRK TOOMAJIAN 4900 5TH ST ZEPHYRHILLS FL 33541				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 **KIRK TOOMAJIAN** *Kirk Toomajian* **1-25-99**
 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	V	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TODMAJIAN, KIRK			1.2 NAME	PERRY, ROBERT		
STREET ADDRESS	4900 5TH STREET			1.3 STREET ADDRESS	37632 BERMUDA DR.		
CITY-ST-ZIP	ZEPHYRHILLS FL 33539			1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541		
TITLE	CBD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROTEAU, ANN			2.2 NAME	ANGELA TOOMAJIAN		
STREET ADDRESS	3250 TRISH DRIVE			2.3 STREET ADDRESS	4900 5TH ST.		
CITY-ST-ZIP	ZEPHYRHILLS FL 33543			2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, FRANCES			3.2 NAME	PERRY, FRANCES		
STREET ADDRESS	37632 BERMUDA DR			3.3 STREET ADDRESS	37632 BERMUDA DR.		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALKINSHAW, ART			4.2 NAME	HOLBROOK, SKIPPY		
STREET ADDRESS	4545 BLOSSOM BLVD			4.3 STREET ADDRESS	37801 BARCELONA		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			4.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALKINSHAW, MARILYN			5.2 NAME	YERBA, HELEN		
STREET ADDRESS	4545 BLOSSOM BLVD			5.3 STREET ADDRESS	5237 5TH ST.		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	CBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRESCANI, EVERETT			6.2 NAME	BRESCANI, EVERETT		
STREET ADDRESS	37250 LOIS AVENUE			6.3 STREET ADDRESS	37250 LOIS AVE		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			6.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		

14. I 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, with all other like empowered.

SIGNATURE: **KIRK TOOMAJIAN** *Kirk Toomajian* **1-25-99** **813** **783-6618**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)