

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90019 009 \*\*\*\*61.25

**DOCUMENT # N03142**

1. Entity Name

ZEPHYRHILLS ITALIAN-AMERICAN CLUB, INC.



Principal Place of Business

4900 5TH STREET  
ZEPHYRHILLS FL 33542  
US

Mailing Address

4900 5TH STREET  
ZEPHYRHILLS FL 33542  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2408701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOOMAJIAN, KIRK  
4900 5TH STREET  
ZEPHYRHILLS FL 33542

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*KIRK TOOMAJIAN (PRESIDENT) Kirk Toomajian*

*JAN. 29, 2004*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRESCAMI, EVERETT	
STREET ADDRESS	37250 LOIS AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOOMAJIAN, ANGELA	
STREET ADDRESS	4900 5TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAPINE, VERA	
STREET ADDRESS	37644 TAHITIAN COURT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	CBD	<input checked="" type="checkbox"/> Delete
NAME	VENTO, LOUISE	
STREET ADDRESS	36325 SANTEELAH	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKINSHAW, ART	
STREET ADDRESS	4545 BLOSSOM BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKINSHAW, MARILYN	
STREET ADDRESS	4545 BLOSSOM BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK TOOMAJIAN	
STREET ADDRESS	4900 5TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE VENTO	
STREET ADDRESS	36325 SANTEELAH	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	SBC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN WALKINSHAW	
STREET ADDRESS	4545 BLOSSOM BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	CBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ART WALKINSHAW	
STREET ADDRESS	4545 BLOSSOM BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA LAPINE	
STREET ADDRESS	37644 TAHITIAN COURT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN CROCCO	
STREET ADDRESS	38908 5TH AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kirk Toomajian* KIRK TOOMAJIAN

*JAN. 29, 2004*

*813-783-6618*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #