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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:32

DOCUMENT # N13756 (4)

1. Corporation Name

NATIONAL ITALIAN-AMERICAN SPORTS HALL OF FAME MI AMI CHAPTER, INC.

Principal Place of Business	Mailing Address
1 SE 3RD AVENUE STE 1250 MIAMI FL 33131-1704 US	1 SE 3RD AVENUE STE 1250 MIAMI FL 33131-1704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1986
3a. Date of Last Report: 02/10/1994
4. FEI Number: 36-3534468 ☐ 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	2a. Mailing Address
21 288 Pocatella St.	26 P.O. Box 660728
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Springs, Fl.	28 City & State: Miami Springs, Fl.
24 Zip: 33266 25 Country: Dade	29 Zip: 33266 30 Country: Dade

9. Name and Address of Current Registered Agent

FEOLA, THOMAS P.
1 SE 3RD AVE.
SUITE 970
MIAMI FL 33131

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	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	RANDAZZO, ANTHONY	1.2 NAME	John Scully	
STREET ADDRESS	6301 SUNSET DR., #201	1.3 STREET ADDRESS	8908 S.W. 151 Ct.	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	D	2.1 TITLE	V	☐ Change ☒ Addition
NAME	MARUCCI, GERMANO	2.2 NAME	Joe Truscello	
STREET ADDRESS	3744 ESTEPONA AVENUE	2.3 STREET ADDRESS	7880 N.W. 62nd St.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33166	
TITLE	D	3.1 TITLE	S	☐ Change ☒ Addition
NAME	STROCK, DON	3.2 NAME	Lynne Jones	
STREET ADDRESS	952 HUNTING LODGE DR.	3.3 STREET ADDRESS	2225 S.E. 6th Ct.	
CITY-ST-ZIP	MIAMI SPRINGS FL	3.4 CITY-ST-ZIP	Homestead, Fl. 33033	
TITLE	D	4.1 TITLE	T	☐ Change ☒ Addition
NAME	FEOLA, THOMAS P.	4.2 NAME	Sherryl Bowein	
STREET ADDRESS	525 DEER RUN	4.3 STREET ADDRESS	288 Pocatella St.	
CITY-ST-ZIP	MIAMI SPRINGS FL	4.4 CITY-ST-ZIP	Miami Springs, Fl. 33166	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Thomas P. Feola	
STREET ADDRESS		5.3 STREET ADDRESS	525 Deer Run	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami Springs, Fl. 33166	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Don Strock	
STREET ADDRESS		6.3 STREET ADDRESS	925 Hunting Lodge Dr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami Springs, Fl. 33166	

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)(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: Sherryl B Bowein Sherryl B. Bowein 1/21/94 (305)887-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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