

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13756 (4)

1. Corporation Name

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

Principal Place of Business

288 POCATELLA ST
STE 1250
MIAMI SPRINGS FL 33266
US

Mailing Address

P O BOX 660728
STE 1250
MIAMI SPRINGS FL 33266
US



3. Date Incorporated or Qualified
03/11/1986

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SCULLY, JOHN ☐ DELETE
STREET ADDRESS 8908 SW 151 CT
CITY-ST-ZIP MIAMI FL

TITLE D
NAME MARUCCI, GERMANO ☒ DELETE
STREET ADDRESS 3744 ESTEPONA AVENUE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME STROCK, DON ☐ DELETE
STREET ADDRESS 952 HUNTING LODGE DR.
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE D
NAME FEOLA, THOMAS P. ☐ DELETE
STREET ADDRESS 525 DEER RUN
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE D
NAME FEOLA, THOMAS P. ☒ DELETE
STREET ADDRESS 525 DEER RUN
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE D
NAME STROCK, DON ☐ DELETE
STREET ADDRESS 925 HUNTING LODGE DR
CITY-ST-ZIP MIAMI SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME JOSEPH TRUSCELLO
1.3 STREET ADDRESS 7880 N W 62nd STREET
1.4 CITY-ST-ZIP MIAMI FL 33166

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME LYNNE JONES
2.3 STREET ADDRESS 288 POCATELLA STREET
2.4 CITY-ST-ZIP MIAMI SPRINGS, FL. 33166

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME SHERRYL B BOWEN
3.3 STREET ADDRESS MIAMI SPRINGS, FL. 33166
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Sherryl B Bowen Sherryl B Bowen 3/12/96 305-883-0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)