

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 MI
AMI CHAPTER, INC.

Principal Place of Business

Mailing Address

288 POCATELLA ST
STE 1250
MIAMI SPRINGS FL 33266
USP O BOX 660728
STE 1250
MIAMI SPRINGS FL 33266-0728
US3. Date Incorporated or Qualified
03/11/19863a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
36-3534468Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME SCULLY, JOHN
STREET ADDRESS 8908 SW 151 CT
CITY-ST-ZIP MIAMI FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DP ☐ DELETE
NAME TRUSCELLO, JOSEPH
STREET ADDRESS 7880 NW 62ND STREET
CITY-ST-ZIP MIAMI FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME STROCK, DON
STREET ADDRESS 952 HUNTING LODGE DR.
CITY-ST-ZIP MIAMI SPRINGS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FEOLA, THOMAS P.
STREET ADDRESS 525 DEER RUN
CITY-ST-ZIP MIAMI SPRINGS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME JONES, LYNN
STREET ADDRESS 288 POCATELLA STREET
CITY-ST-ZIP MIAMI SPRINGS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME STROCK, DON
STREET ADDRESS 925 HUNTING LODGE DR
CITY-ST-ZIP MIAMI SPRINGS FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME T
6.3 STREET ADDRESS BOWEIN, SHERRYL
6.4 CITY-ST-ZIP 288 POCATELLA ST
MIAMI SPRINGS FL

14. I do 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.

SIGNATURE:

SherryL B. Bowein SherryL B. Bowein 2/12/97 305 883 0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034180

CR2E037 (9/96)