

FILE NOW: FILING FEE IS \$61.25

Apr 23 1998 8:00am
Secretary of State

DOCUMENT # **N26744** (5)
1. Corporation Name
THE ITALIAN-AMERICAN SOCIAL CLUB OF LEHIGH ACRES
, INC.

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified		
06/02/1988		
4. FEI Number		Applied For
51-0175785		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
CONNELL, RUTH T 308 JOEL BLVD LEHIGH ACRES FL 33936	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

ess (P.O. Box Number is Not Acceptable)

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, RUTH T.	1.2 NAME	
STREET ADDRESS	308 JOEL BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTO, PETER P.	2.2 NAME	
STREET ADDRESS	738 MANHATTAN, SE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNONE, ELEANOR A	3.2 NAME	
STREET ADDRESS	220 DALEVIEW AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGO, ANNE	4.2 NAME	
STREET ADDRESS	1406 GRANDALE STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, THERESA E	5.2 NAME	
STREET ADDRESS	710 WILLOW DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE:

Theresa C. Steele
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Date _____

Daytime Phone # 0060115

CR2E037 (10/97)