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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N31054 (2)
1. Corporation Name
GLI AMICI ITALIAN-AMERICAN CLUB, INC.

Principal Place of Business Mailing Address
**7116 14TH AV. N.W.
C/O MARY BORCAN
BRADENTON FL 34209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1989** 3a. Date of Last Report **03/03/1994**

4. FEI Number **59-2525744** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BORCSANI, MARY B
7116 14TH AVE NW
#284
BRADENTON FL 34209**

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, PAULA	12 NAME	
STREET ADDRESS	2535 FLAMINGO BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORCSANI, MARY	22 NAME	7011001486537
STREET ADDRESS	7116 14TH AVE NW	23 STREET ADDRESS	-04/27/95--01047--004
CITY - ST - ZIP	BRADENTON FL	24 CITY - ST - ZIP	***130.00 ***130.00
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCINSKI, DOLORES	32 NAME	
STREET ADDRESS	2414 BAY DR W	33 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCI, LENA	42 NAME	
STREET ADDRESS	3450 WOOD OWL CIRCLE #284	43 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRDANTE, JULIETA	52 NAME	
STREET ADDRESS	3301 CORTEZ RD LOT 38	53 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	54 CITY - ST - ZIP	
TITLE	VP	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGGERRI, SAM	62 NAME	
STREET ADDRESS	534 SPRING LAKE, BLVD	63 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	64 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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Dolores Gocinski Date: 2-23-95 (Typed Name #) 813-756-8970