

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 # N31054 (2)
1. Corporation Name

GLI AMICI ITALIAN-AMERICAN CLUB, INC.



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

3. Date Incorporated or Qualified: **03/07/1989**
3a. Date of Last Report: **04/26/1995**

21	2. Principal Place of Business <i>Manatee Council on Aging</i>	26	2a. Mailing Address	4.	FEI Number 59-2525744	Applied For
22	Suite, Apt. #, etc. 239 U.S. 301 Blvd	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Bradenton Florida	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 34208	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BORCSANI, MARY B 7116 14TH AVE NW #284 BRADENTON FL 34209				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	TRUSTEE	<input type="checkbox"/> DELETE	1.1 TITLE	TRUSTEE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENSEN, PAULA			1.2 NAME	JOSEPH S. TAMBIOLO		
STREET ADDRESS	2535 FLAMINGO BLVD			1.3 STREET ADDRESS	6813 18th AVE DR W		
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	P		<input type="checkbox"/> DELETE	2.1 TITLE	TRUSTEE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORCSANI, MARY			2.2 NAME	AL SALLICCIOLI		
STREET ADDRESS	7116 14TH AVE NW			2.3 STREET ADDRESS	1829 FLAMINGO BLVD		
CITY-ST-ZIP	BRADENTON FL			2.4 CITY-ST-ZIP	BRADENTON FL 34207		
TITLE	T		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOCINSKI, DOLORES			3.2 NAME			
STREET ADDRESS	2416 BAY DR W			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			3.4 CITY-ST-ZIP			
TITLE	S	SECRETARY	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIANCI, LENA			4.2 NAME			
STREET ADDRESS	3450 WOOD OWL CIRCLE #284			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			4.4 CITY-ST-ZIP			
TITLE	D		<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRDANTE, JULIETA			5.2 NAME			
STREET ADDRESS	3301 CORTEZ RD LOT 36			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			5.4 CITY-ST-ZIP			
TITLE	VP		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUGGERRI, SAM			6.2 NAME			
STREET ADDRESS	534 SPRING LAKE, BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			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: Dolores Gocinski Date: 4-7-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (12/95)