


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



| | |
|---|--|
| Principal Place of Business NOT AVAILABLE MANATEE COUNCIL ON AGING 239 US 301 BLVD BRADENTON FL 34208 SEEKING NEW MEETING HALL | Mailing Address 7116 14TH AVE. NW C O MARY BORCAN BRADENTON FL 34209-1102 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/07/1989 | 3a. Date of Last Report 04/26/1996 |
| 4. FEI Number 59-2525744 | Applied For 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 28 Zip |
| 24 Country | 29 Country |
| 25 | 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 |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | TUMBILO, JOSEPH S | |
| STREET ADDRESS | 6813 18TH AVE DR. W | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BORCSANI, MARY | |
| STREET ADDRESS | 7116 14TH AVE NW | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GOCINSKI, DOLORES | |
| STREET ADDRESS | 2414 BAY DR W | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BIANCI, LENA | |
| STREET ADDRESS | 3450 WOOD OWL CIRCLE #284 | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | SALICCIOLI, AL | |
| STREET ADDRESS | 1829 FLAMINGO BLVD. | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | RUGGERI, SAM | |
| STREET ADDRESS | 534 SPRING LAKE, BLVD | |
| CITY-ST-ZIP | BRADENTON FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GARY BROOKS |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | P |
| 2.3 STREET ADDRESS | ← Same |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TR |
| 3.3 STREET ADDRESS | ← Same |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SGT/ARMS Annabelle Novello |
| 4.3 STREET ADDRESS | 6120 43 ST. W |
| 4.4 CITY-ST-ZIP | BRADENTON FL 34210 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | PAULA Jensen |
| 5.3 STREET ADDRESS | 2535 FLAMINGO BLVD |
| 5.4 CITY-ST-ZIP | BRADENTON FL 34207 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | JULIE GRADANTE |
| 6.3 STREET ADDRESS | 555 5890 42TH AVE |
| 6.4 CITY-ST-ZIP | BRADENTON FL 34209 |

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: Mary B Borcani DATE: 4-19-97 DAYTIME PHONE: 441-7926974

CR2E037 (9/96)