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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31054 (2)
1. Corporation Name
GLI AMICI ITALIAN-AMERICAN CLUB, INC.



Principal Place of Business MANATEE COUNCIL ON AGING 239 US 301 BLVD. BRADENTON FL 34208	Mailing Address 7116 14TH AVE. NW C O MARY BORCAN BRADENTON FL 34209
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3. Date Incorporated or Qualified
03/07/1989

4. FEI Number
59-2525744

Applied For	
Not Applicable	

21. Principal Place of Business D.A.V. CHAPTER 18	2a. Mailing Address 3510 52nd AVE W.
22. Suite, Apt. #, etc. 111 63RD AVE. E.	27. Suite, Apt. #, etc. 270 SENZAMICI, R.
23. City & State BRADENTON FL.	28. City & State BRADENTON, FL.
24. Zip 34207	29. Zip 34210
25. Country	30. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 SENZAMICI RALPH
82. Street Address (P.O. Box Number is Not Acceptable) 3510 52ND AVE W.
83.
84. City BRADENTON
85. Zip Code FL 34210

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 *Ralph Senzamici* **(RALPH SENZAMICI)** DATE **4/17/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE T	<input checked="" type="checkbox"/> DELETE
NAME BROOKS, GARY	
STREET ADDRESS 6813 18TH AVE DR. W	
CITY-ST-ZIP BRADENTON FL	
TITLE P	<input type="checkbox"/> DELETE
NAME BORCSANI, MARY	
STREET ADDRESS 7116 14TH AVE NW	
CITY-ST-ZIP BRADENTON FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME GOCINSKI, DOLORES	
STREET ADDRESS 2414 BAY DR W	
CITY-ST-ZIP BRADENTON FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME NOVELLO, ANNABELLE	
STREET ADDRESS 6120 43 ST W	
CITY-ST-ZIP BRADENTON FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME JENSEN, PAULA	
STREET ADDRESS 2535 FLAMINGO BLVD	
CITY-ST-ZIP BRADENTON FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME GRALANTE, IYLE	
STREET ADDRESS 3890 40TH AVE	
CITY-ST-ZIP BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DRAW, BEVERLY	
1.3 STREET ADDRESS 6120 43RD ST.	
1.4 CITY-ST-ZIP BRADENTON, FL 34210	
2.1 TITLE TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME ANNE TORRIERI	
3.3 STREET ADDRESS 314 76 ST NW	
3.4 CITY-ST-ZIP BRADENTON, FL. 34209	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME RALPH SENZAMICI	
5.3 STREET ADDRESS 3510 52ND AVE. W.	
5.4 CITY-ST-ZIP BRADENTON, FL. 34210	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME - GRADANTE, JULIETA	
6.3 STREET ADDRESS	
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: *Ralph Senzamici* **(RALPH SENZAMICI)** DATE **4/17/98**

CP2E037 (10/97)