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Apr 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31054

1. Corporation Name
GLI AMICI ITALIAN-AMERICAN CLUB, INC.

Principal Place of Business D.A.V. CHAPTER 18 111 63RD AVENUE EAST BRADENTON FL 34207 US	Mailing Address 3510 52ND AVENUE WEST 90 SENZAMICI.R BRADENTON FL 34210 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2525744
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SENZAMICI, RALPH 3510 52ND AVENUE WEST BRADENTON FL 34210	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 FL
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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 (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAW, BEVERLY	1.2 NAME	
STREET ADDRESS	6120 43RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORCSANI, MARY	2.2 NAME	PAULA JENSEN
STREET ADDRESS	7116 14TH AVENUE NW	2.3 STREET ADDRESS	2535 60th AVE. W.
CITY-ST-ZIP	BRADENTON FL 34210	2.4 CITY-ST-ZIP	BRADENTON, FL. 34207
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRIERI, ANNE	3.2 NAME	
STREET ADDRESS	314 76 ST NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SGT. OF ARMS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVELLO, ANNABELLE	4.2 NAME	TORRIERI, GINO
STREET ADDRESS	6120 43 ST W	4.3 STREET ADDRESS	314 76 ST NW
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	BRADENTON, FL. 34209
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENZAMICI, RALPH	5.2 NAME	
STREET ADDRESS	3510 52ND AVENUE W	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 3	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRALANTE, IVYLE	6.2 NAME	
STREET ADDRESS	3890 40TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	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, with all other like empowered.

SIGNATURE: Ralph Senzamici SIGNATURE REQUIRED DATE: 4/1/99

CR2E037 (11/98)