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Secretary of State

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JULIUS - 90065 - 24



NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33486
 1. Corporation Name
THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.

Principal Place of Business: P.O. BOX 1583, EUSTIS FL 32727-1583, US
 Mailing Address: P.O. BOX 1583, EUSTIS FL 32727-1583, US

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/28/1989
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-2980181
25	Country	Country	Applied For
29	Country	Country	Not Applicable
30	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
30	Country	Country	\$8.75 Additional Fee Required
30	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
DEGREGORIO, JULIUS J
 17100 SE HWY 452
 UMATILLA FL 32784

10. Name and Address of New Registered Agent
 81 Name: **JOSEPH S. PLUCHINO**
 82 Street Address (P.O. Box Number is Not Acceptable): **35406 HIGHLAND DRIVE**
 83
 84 City: **EUSTIS** FL 85 Zip Code: **32736**

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: **JOSEPH S. PLUCHINO** *Joseph S. Pluchino, TREAS.* DATE: **1/25/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PLUCHINO, KAY	
STREET ADDRESS	35406 HIGHLAND DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIBERNINI, JOSEPH	
STREET ADDRESS	41516 CO. ROAD 452	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LONGO, STEPHEN	
STREET ADDRESS	14801 GREATER PINES BLVD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COFER, EMLIA	
STREET ADDRESS	10416 SUMMIT SQUARE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAW, HARRY	
STREET ADDRESS	103 SUNRISE LANE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATTHEWS, MARY	
STREET ADDRESS	17100 S.W. HWY 452	
CITY-ST-ZIP	UMATILLA FL 32784	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARGENT, FRANK	
1.3 STREET ADDRESS	30403 ORANGE DRIVE	
1.4 CITY-ST-ZIP	LEESBURG, FL 34748	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VOCCHI, MARK	
2.3 STREET ADDRESS	34324 PARK LANE	
2.4 CITY-ST-ZIP	LEESBURG, FL 34788	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LIBERNINI, JOSEPH	
3.3 STREET ADDRESS	41516 CO. ROAD 452	
3.4 CITY-ST-ZIP	LEESBURG, FL 34788	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	R. S. SULSENTI, GRACE	
4.3 STREET ADDRESS	20138 SUGARLOAF MT RD.	
4.4 CITY-ST-ZIP	CLERMONT, FL 34711	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SLUKOV, TONI	
5.3 STREET ADDRESS	330 RIVERGLASS COURT	
5.4 CITY-ST-ZIP	LEESBURG, FL 34788	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PLUCHINO, JOSEPH	
6.3 STREET ADDRESS	35406 HIGHLAND DRIVE	
6.4 CITY-ST-ZIP	EUSTIS, FL 32736	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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: *Joseph S. Pluchino* SIGNATURE REQUIRED: **JOSEPH S. PLUCHINO** DATE: **1/25/99** DAYTIME PHONE: **(352) 483-2553**

CR2E037 (1/98)