


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90015 002 \*\*\*\*61.25

<b>DOCUMENT # N33486</b>			
1. Entity Name <b>THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.</b>			
Principal Place of Business C/O JULIUS DEGREGORIO 2710 WASHINGTON AVE. EUSTIS FL 32726 US		Mailing Address C/O JULIUS DEGREGORIO 2710 WASHINGTON AVE. EUSTIS FL 32726 US	
2. Principal Place of Business <i>Community Center</i>		3. Mailing Address <i>104 POINSETTIA Cove</i>	
Suite, Apt. #, etc.		<i>0 Suite, Apt. #, etc.</i>	
City & State <i>TAVARES FL</i>		City & State <i>LEESBURG FL</i>	
Zip <i>32776</i>	Country <i>U.S.A.</i>	Zip <i>34748</i>	Country <i>U.S.A.</i>



MOORE CR2E037 (11/03)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>DEGREGORIO, JULIUS J 2710 WASHINGTON AVE. EUSTIS FL 32726</b>		7. Name and Address of New Registered Agent Name <i>ITALIAN American Club LAKE Count-</i> Street Address (P.O. Box Number is Not Acceptable) <i>104 POINSETTIA Cove</i> <i>LEESBURG, FL 10 JASPER C. MESSINA</i> City <i>LEESBURG FL</i> Zip Code <i>34748, 8604</i>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jasper Messina* DATE *Feb 2, 2004*

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSINA, PAT 104 POINSETTA COVE LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.O.</i> MESSINA, PATRICIA 104 POINSETTIA COVE LEESBURG FL 34748-8 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP PLUCHINO, JOE 34406 HIGHLAND DR. EUSTIS FL 32736 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP PLUCHINO, JOE 34406 HIGHLAND DR EUSTIS FL 32736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMEO, HELEN 701 MOUNT HOMER RD. APT. A-1 EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY JASPER C. MESSINA 104 POINSETTIA COVE LEESBURG FL 34748-8604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CESARIO, CATHY 7747 LAKE ANDREA DR. MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY MATTHEWS 149 E SEMINOLE AVE EUSTIS FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIBERNINI, JOE L 41516 CR 452 LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOE CESARIO 7747 LAKE ANDREA DR MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEGREGORIO, JULIUS 2710 E. WASHINGTON AVE. EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOE LIBERNINI 41516 CR 452 LEESBURG FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia L. Messina* DATE: *2-2-04* DAYTIME PHONE #: *352-323-1814*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR