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May 03, 2005 8:00 am
Secretary of State
05-03-2005 90074 016 ****61.25

2005 NON-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N42698

1. Entity Name
CITRUS AMERICAN AND ITALIAN SOCIAL CLUB, INC.

Principal Place of Business
43255 Little Al Point
INVERNESS, FL 34452

Mailing Address
P.O. BOX 2074
INVERNESS, FL 34451

04092006 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3070435
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Melchiorra S. Boc
2360 Forest Drive
Inverness, FL 34453

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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: Melchiorra S Boc 4/27/05
Address, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MELCHIORRA S. BOC
STREET ADDRESS	2360 FOREST DR
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	T
NAME	TRASCOY, ANGIE
STREET ADDRESS	215 TEMPLE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	T
NAME	SKINNER, JEAN
STREET ADDRESS	1039 S. SUNFISH
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	T
NAME	DAWSON, JERRY
STREET ADDRESS	290 S. SCHOOL
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	TREASURE
NAME	ROBERT KUSHNERIT
STREET ADDRESS	10110 S. BUCKSKIN AVE
CITY-ST-ZIP	FLORAL City Florida 34436
TITLE	T
NAME	DELUCE, DELORES
STREET ADDRESS	9775 W. HORSESHOE DR
CITY-ST-ZIP	BEVERLY HILLS, FL 34465

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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: Robert Kushnerit 04-27-05 352-344-1086
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #