

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43631 (3)
1. Corporation Name
ITALIAN AMERICAN SOCIAL CLUB OF BAY COUNTY, INC.



Principal Place of Business Mailing Address
P.O. BOX 9977 PANAMA CITY BEACH FL 32417 **P.O. BOX 9977 PANAMA CITY BEACH FL 32417**

3. Date Incorporated or Qualified **05/28/1991** 3a. Date of Last Report **03/15/1995**
4. FEI Number **59-3075524** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CASSELLA, JOSEPH C
688 MALAGA PLACE
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 C. Cassella*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	TROISI, RUSSELL
STREET ADDRESS	5323 INDIAN BLUFF DRIVE
CITY-ST-ZIP	YOUNGSTOWN FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MAZZARA, RAYMOND
STREET ADDRESS	607 CARRIE LANE
CITY-ST-ZIP	LYNN HAVEN FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	VIGGIANO, MARY
STREET ADDRESS	2204 N HARBOR DR
CITY-ST-ZIP	LYN HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CASSELLA, FRAN
STREET ADDRESS	688 MALAGA PLACE
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEVERIN, ANNA
STREET ADDRESS	104 LAKE CIRCLE DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCALISE, ANGELO
STREET ADDRESS	233 SAN PABLO DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Viggiano, Pat
2.3 STREET ADDRESS	2204 N Harbor Dr
2.4 CITY-ST-ZIP	Lynn Haven, FL 32444
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nowalinski, Joyce
3.3 STREET ADDRESS	617 Live Oak Lane
3.4 CITY-ST-ZIP	Panama City Beach FL 32408
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Player, Robert
6.3 STREET ADDRESS	6200 N. Lagoon Drive
6.4 CITY-ST-ZIP	Panama City Beach, FL 32408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Russell C. Troisi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 235-5363
Date Daytime Phone # 904-271-192

CR2E037 (12/95)