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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 P.O. BOX 9977  
PANAMA CITY BEACH FL 32417 PANAMA CITY BEACH FL 32417-0377

3. Date Incorporated or Qualified 05/28/1991 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3075524 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROISI, RUSSELL	1.2 NAME	FRAN CASSELLA
STREET ADDRESS	5323 INDIAN BLUFF DRIVE	1.3 STREET ADDRESS	688 MALAGA PLACE
CITY-ST-ZIP	YOUNGSTOWN FL	1.4 CITY-ST-ZIP	PANAMA CITY BEACH-FL 32413
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGGIANO, PAT	2.2 NAME	WALTER NOWALINSKI
STREET ADDRESS	2204 N. HARBOR DRIVE	2.3 STREET ADDRESS	617 LIVE OAK LANE
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	PANAMA CITY, FL. 32408
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWALINSKI, JOYCE	3.2 NAME	BEVERLY DEINLEIN
STREET ADDRESS	617 LIVE OAK LANE	3.3 STREET ADDRESS	129 NO. WELLS STREET
CITY-ST-ZIP	PANAMA CITY BEACH FL	3.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32413
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSELLA, FRAN	4.2 NAME	JOE CASSELLA
STREET ADDRESS	688 MALAGA PLACE	4.3 STREET ADDRESS	688 MALAGA PLACE
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	PANAMA CITY BEACH-FL. 32413
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERIN, ANNA	5.2 NAME	TONY DAUINO
STREET ADDRESS	104 LAKE CIRCLE DRIVE	5.3 STREET ADDRESS	209 ACME LANE
CITY-ST-ZIP	PANAMA CITY BEACH FL	5.4 CITY-ST-ZIP	LYNN HAVEN, FL. 32444
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAYER, ROBERT	6.2 NAME	KATAY CALAMITA
STREET ADDRESS	6200 N. LAGOON DRIVE	6.3 STREET ADDRESS	6418 PINETREE AVENUE
CITY-ST-ZIP	PANAMA CITY BEACH FL	6.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32408

14. I do 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.

SIGNATURE:

FRANCIS M. CASSELLA 235-2866

CR2E037 (9/96)