FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N43631

(3)

ITALIAN AMERICAN SOCIAL CLUB OF BAY COUNTY, INC.

Principal Place of Business Mailing Address P.O. BOX 9977 P.O. BOX 9977 3. Date Incorporated or Qualified PANAMA CITY BEACH FL 32417 PANAMA CITY BEACH FL 32417 05/28/1991 4. FEI Number Applied For 59-3075524 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 28 Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CASSELLA, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 688 MALAGA PLACE 83 PANAMA CITY BEACH FL 32413 Zip Code 24 City 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE

CASSELLA, FRAN 1.2 NAME NAME 688 MALAGA PL STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE **NOWALINSKI, WALTER** 2.2 NAME NAME 617 LIVE OAK LN 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE. 3.1 TITLE MARY U1991ANO DEINCEIN, BEVERLY 3.2 NAME 2204 No. HARBOUR RD 129 N WELLS ST 3.3 STREET ADDRESS STREET ADDRESS LYNN HAVEN, FL. 32444 PANAMA CITY BCH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE CASSELLA, JOE 4.2 NAME 688 MALAGA PL 4.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BCH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE DAVINO, TONY 5.2 NAME NAME 3734 GREENTREE CIRCLE PANSAMA CITY F2. 32405 209 ACME LN 5.3 STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE NAME CALAMITA, KATHY 62 NAME 6418 PINETREE AVE **6.3 STREET ADDRESS** STREET ADDRESS

CITY-ST-ZIP

PANAMA CITY BCH FL

6.4 CITY-ST-ZIP

14. 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 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:

MIGNATURE BEOWNED President

Jan. 5 1998 235

FILED

Feb 04 1998 8:00am

Secretary of State

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