



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90007 004 \*\*\*\*61.25

<b>DOCUMENT # N43631</b>					
<b>1. Entity Name</b> ITALIAN AMERICAN SOCIAL CLUB OF BAY COUNTY, INC.					
<b>Principal Place of Business</b> P.O. BOX 9977 PANAMA CITY BEACH, FL 32417			<b>Mailing Address</b> P.O. BOX 9977 PANAMA CITY BEACH, FL 32417		
<b>2. Principal Place of Business</b> P.O. BOX 0119		<b>3. Mailing Address</b> P.O. BOX 0119			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08032004    Chg-NP    CR2E037 (10/03)	
<b>City &amp; State</b> LYNN HAVEN, FL		<b>City &amp; State</b> LYNN HAVEN, FL		<b>4. FEI Number</b> 59-3075524	
<b>Zip</b> 32444-0119		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CALAMITA, JOHN 6418 PINETREE AVE PANAMA CITY, FL 32408			<b>7. Name and Address of New Registered Agent</b> Name: EILEEN CLAGUE Street Address (P.O. Box Number is Not Acceptable): 507 W. 10th ST. City: LYNN HAVEN, FL    Zip Code: 32444		
<b>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.</b>					
SIGNATURE: <u>Eileen Clague</u> EILEEN CLAGUE    8-3-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> CASELLA, FRANCES M <b>STREET ADDRESS</b> 688 MALAGA PL. <b>CITY-ST-ZIP</b> PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> FRANK MANCUSO <b>STREET ADDRESS</b> 3014 LANNY LANE <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> RAINBOW, LES <b>STREET ADDRESS</b> 135 DOWNING ST. <b>CITY-ST-ZIP</b> PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> GEORGE CLAGUE <b>STREET ADDRESS</b> 507 W. 10th ST. <b>CITY-ST-ZIP</b> LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> MANCUSO, DOT <b>STREET ADDRESS</b> 2101 W. HWY 390 #307 <b>CITY-ST-ZIP</b> LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> FRAN CASELLA <b>STREET ADDRESS</b> 688 MALAGA PL. <b>CITY-ST-ZIP</b> PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> NOWALINSKI, JOYCE <b>STREET ADDRESS</b> 617 LIVE OAK LANE <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32408	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> EILEEN CLAGUE <b>STREET ADDRESS</b> 507 W. 10th ST. <b>CITY-ST-ZIP</b> LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SGTA <b>NAME</b> MANCUSO, FRANK <b>STREET ADDRESS</b> 3014 ANNY LN. <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		<b>TITLE</b> SGTA <b>NAME</b> LES RAINBOW <b>STREET ADDRESS</b> 135 DOWNING ST. <b>CITY-ST-ZIP</b> PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> NOWALINSKI, WALTER <b>STREET ADDRESS</b> 617 LIVE OAK LANE <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32408	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>Eileen Clague</u> EILEEN CLAGUE    8/3/04    271-3636 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					