


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90025 050 \*\*\*\*61.25

<b>DOCUMENT # N43631</b>	
1. Entity Name	
ITALIAN AMERICAN SOCIAL CLUB OF BAY COUNTY, INC.	

Principal Place of Business	Mailing Address
P.O. BOX 0119 LYNN HAVEN FL 32444	P.O. BOX 0119 LYNN HAVEN FL 32444



2. Principal Place of Business	3. Mailing Address
P.O. Box 7551	P.O. Box 7551
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State	City & State
PANAMA CITY BEACH, FL	PANAMA CITY BEACH, FL
Zip	Zip
32413	32413
Country	Country
USA	USA

4. FEI Number	Applied For
59-3075524	Not Applicable

6. Name and Address of Current Registered Agent	
<del>CLAGUE, EILEEN</del> <del>507 W. 10TH ST.</del> <del>LYNN HAVEN FL 32444</del> FRANCES CASSELLA 688 MALAGA PL P.C. BEACH, FL 32413	

7. Name and Address of New Registered Agent	
Name: FRANCES M. CASSELLA	
Street Address (P.O. Box Number is Not Acceptable): 688 MALAGA PL	
City: P.C. BEACH, FL	Zip Code: 32413

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: <i>Frances M. Cassella</i>	FRANCES M. CASSELLA 4-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CASELLA, FRANCES M
STREET ADDRESS	3014 LANNY LANE
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	VP
NAME	RAINBOW, LES
STREET ADDRESS	507 W 10TH ST
CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	S
NAME	MANCUSO, DOT
STREET ADDRESS	688 MALAGA PL
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	T
NAME	NOWALINSKI, JOYCE
STREET ADDRESS	507 W 10 ST
CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	SGTA
NAME	MANCUSO, FRANK
STREET ADDRESS	135 DOWNING ST
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	T
NAME	NOWALINSKI, WALTER
STREET ADDRESS	617 LIVE OAK LANE
CITY-ST-ZIP	PANAMA CITY FL 32408

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P
NAME	FRANK MANCUSO
STREET ADDRESS	2101 W. HWY 390
CITY-ST-ZIP	APT. 402 LYNN HAVEN, FL 32444
TITLE	VP
NAME	JACK HANSEN
STREET ADDRESS	615 MALAGA PL
CITY-ST-ZIP	P.C. BEACH, FL 32413
TITLE	S
NAME	DOT MANCUSO
STREET ADDRESS	2101 W. HWY 390
CITY-ST-ZIP	APT 402 LYNN HAVEN, FL 32444
TITLE	T
NAME	FRANCES CASSELLA
STREET ADDRESS	688 MALAGA PL
CITY-ST-ZIP	P.C. BEACH, FL 32413
TITLE	SGTA
NAME	SILVANO BEVERADO
STREET ADDRESS	104 LAKE CIRCLE
CITY-ST-ZIP	P.C. BEACH, FL 32413
TITLE	
NAME	DELETED
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: <i>Frances M. Cassella</i>	FRANCES M. CASSELLA 850-235280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: 4-5-05	Daytime Phone #