

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90012 013 ****61.25

DOCUMENT # N43631

1. Entity Name

ITALIAN AMERICAN SOCIAL CLUB OF BAY COUNTY,
INC.



Principal Place of Business

P O BOX 7551
PANAMA CITY BEACH FL 32413

Mailing Address

P O BOX 7551
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3075524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSELLA, FRANCES M
688 MALAGA PL
PANAMA CITY BEACH FL 32413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MANCUSO, FRANK
STREET ADDRESS 2101 W HWY 380
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE VP ☐ Delete
NAME HANSEN, JACK
STREET ADDRESS 615 MALAGA PL
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE S ☐ Delete
NAME MANCUSO, DOT
STREET ADDRESS 2101 W HWY 390 APT 402
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE T ☐ Delete
NAME CASSELLA, FRANCES
STREET ADDRESS 688 MALAGA PL
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE SGTA ☐ Delete
NAME BEVENIN, SILVIA
STREET ADDRESS 104 LAKE CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME EILEEN CLAGUT
STREET ADDRESS 209 E. BALDWIN RD APT A
CITY-ST-ZIP P.C., FL 32405

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME JEAN COONEY
STREET ADDRESS 6901 LAGOON DR. #9
CITY-ST-ZIP P.C. BEACH, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE FRANK MANCUSO ☒ Change ☐ Addition
NAME
STREET ADDRESS 2101 W. Hwy 390 #402
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Frances M. Cassella* FRANCES M. CASSELLA (850) 235-2806