

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49327

(2)

1. Corporation Name

ITALIAN CULTURAL SOCIETY, INC.



Principal Place of Business

Mailing Address

~~C/O KENNEY, JERRY
934 N MAGNOLIA AVE / STE - 321
ORLANDO FL 32803
US~~

~~C/O KENNEY, JERRY
934 N MAGNOLIA AVE / STE - 32
ORLANDO FL 32803
US~~

3. Date Incorporated or Qualified
06/11/1992

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **237 LOOKOUT PLACE**

26 **PO Box 533609**

4. FEI Number

59-3127841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 100**

27

City & State

City & State

23 **MAITLAND FL.**

28 **ORLANDO. FL.**

Zip

Country

Zip

Country

24 **32751**

25 **USA**

29 **32803-9998**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ICARDI, ALDO
990 LEWIS DR.
WINTER PARK FL 32789**

**ADDRESS CHANGE
ONLY**

81 Name

ALDO ICARDI

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

237 LOOKOUT PLACE

83

SUITE #100

84

MAITLAND

FL

85 Zip Code

32751

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 firm if applicable

(NOTE: Registered Agent Signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DV CERVONE, ANTHONY**
STREET ADDRESS **501 LONDON RD.**
CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP KENNEY, JERRY**
STREET ADDRESS **934 N MAGNOLIA AVE / STE - 321**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DP MICA, JOHN L**
STREET ADDRESS **2195 VIA TUSCANY**
CITY-ST-ZIP **WINTER PARK FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS RODRIGUEZ, JEANNE D'A.**
STREET ADDRESS **7278 DELLA DR.**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DT GOREN, VIRGINIA NASTASI**
STREET ADDRESS **530 E CENTRAL BLVD #1401**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 407-825-2470
Date Daytime Phone

CR2E037 (12/95)