

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90026 019 ****61.50

0018521

DOCUMENT # N49327

1. Corporation Name

ITALIAN CULTURAL SOCIETY, INC.

Principal Place of Business

237 LOOKOUT PLACE
STE 100
MAITLAND FL 32751
US

Mailing Address

PO BOX 533609
ORLANDO FL 32803-9998
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/11/1992

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

9. Name and Address of Current Registered Agent

ICARDI, ALDO
237 LOOKOUT PLACE
STE 100
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **CERVONE, ANTHONY, Treasurer**
STREET ADDRESS **501 LONDON RD.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **DP** ☒ DELETE
NAME **MARCHESANO, ARMOND**
STREET ADDRESS **984 STONEWOOD LANE**
CITY-ST-ZIP **MAITLAND FL**

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

TITLE **DV** ☐ DELETE
NAME **MARVALDI, DOUGLAS, President**
STREET ADDRESS **1820 OAK LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DS** ☐ DELETE
NAME **CERVONE, NANCY**
STREET ADDRESS **501 LONDON ROAD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME **DOLORES CIAPONI, Vice Pres**
STREET ADDRESS **4851 MURRAY LEE Lane**
CITY-ST-ZIP **ORLANDO, FL 32806**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SONIA MARCHESANO, Secretary
984 STONEWOOD Lane,
Maitland, FL 32753

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 99
Date Daytime Phone #

CR2E037 (11/98)