

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 29 AM 7:22

DOCUMENT # **N50717 (0)**  
1. Corporation Name  
**ITALIAN-AMERICAN SOCIAL CLUB OF POLK COUNTY, INC**

Principal Place of Business      Mailing Address  
**1590 - 6TH ST., SE  
WINTER HAVEN FL 33884  
US**      **3059 CYPRESS GARDENS RD.  
WINTER HAVEN FL 33884  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/03/1992</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-3188662</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 <b>3265 CYPRESS GARDENS RD</b>
Suite, Apt. #, etc.	27 <b>B</b>
22	27
City & State	28 <b>WINTER HAVEN FL</b>
23	28
Zip	29 <b>33884</b>
24	30 <b>USA</b>
Country	

9. Name and Address of Current Registered Agent  
**BELL, WALTER G.  
98 FIRST STREET NORTH  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when recasting)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>SERGI, ANTONINO</b>
STREET ADDRESS	<b>3319 FOXRIDGE DR.</b>
CITY, ST, ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>VD</b>
NAME	<b>PORTA, SALVATORE</b>
STREET ADDRESS	<b>125 POE DR</b>
CITY, ST, ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>SD</b>
NAME	<b>NIETO, AURELIA</b>
STREET ADDRESS	<b>2211 WELLS RD.</b>
CITY, ST, ZIP	<b>AUBURDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>SAMMARD, ROBERT</b>
STREET ADDRESS	<b>1491 AVE. F., NE</b>
CITY, ST, ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b>
NAME	<b>TANCREDI, MARIO</b>
STREET ADDRESS	<b>1204 CYPRESS POINT E.</b>
CITY, ST, ZIP	<b>WINTER HAVEN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SGT. AT ARMS</b>
5.3 STREET ADDRESS	<b>FGHCO DOSSO</b>
5.4 CITY, ST, ZIP	<b>320 - LOCKEN CIRCLE WINTER HAVEN - FL 33884</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 addition.

SIGNATURE: *Antonino Sergi* - **ANTONINO - SERGI**      (813) 324-9597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Type in Space)