

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



Principal Place of Business: 1599 - 6TH ST., SE WINTER HAVEN FL 33884 US  
Mailing Address: 3265 CYPRESS GARDENS RD STE B WINTER HAVEN FL 33884 US

3. Date Incorporated or Qualified: **09/03/1992**  
3a. Date of Last Report: **03/29/1995**  
4. FEI Number: **59-3188662**  
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

2. Principal Place of Business: **same**  
2a. Mailing Address: **575 Northride Tr**  
22. Suite, Apt. #, etc.:  
23. City & State: **Lakeland FL**  
24. Zip: **33813** Country: **Polk**

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: Robert Cataldi, 82 Street Address: 575 Northride tr, 84 City: Lakeland, FL, 85 Zip Code: 33813**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SERGI, ANTONINO	
STREET ADDRESS	3319 FOXRIDGE DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PORTA, SALVATORE	
STREET ADDRESS	125 POE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NIETO, AURELIA	
STREET ADDRESS	2211 WELLS RD.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAMMARD, ROBERT	
STREET ADDRESS	1491 AVE. F., NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SAA	<input type="checkbox"/> DELETE
NAME	DOSSO, FELICE	
STREET ADDRESS	320 LOCHEN CIR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Cataldi	
1.3 STREET ADDRESS	575 Northride tr	
1.4 CITY-ST-ZIP	Lakeland FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	
2.2 NAME	Robert Sammaro	
2.3 STREET ADDRESS	1491 Ave F.N.E.	
2.4 CITY-ST-ZIP	Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sharon Garber	
3.3 STREET ADDRESS	154 Bergen Cir	
3.4 CITY-ST-ZIP	Auburndale FL 33823	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Clara Tancredi	
4.3 STREET ADDRESS	1204 Cypress point east	
4.4 CITY-ST-ZIP	Winter HAVEN FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Antonino Sergi	
5.3 STREET ADDRESS	#3319 Foxridge Dr.	
5.4 CITY-ST-ZIP	Winter Haven FL 33884	
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 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: Robert Cataldi **robert Cataldi** 4-4-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)