

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State



|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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

|   |   |
|---|---|
| Principal Place of Business<br><b>1599 - 6TH ST., SE<br/>WINTER HAVEN FL 33884<br/>US</b> | Mailing Address<br><b>P O BOX 7496<br/>WINTER HAVEN FL 33883<br/>US</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>09/03/1992</b>   | 4. FEI Number<br><b>59-3188662</b>  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>BELL, WALTER G.<br/>98 FIRST STREET NORTH<br/>WINTER HAVEN FL 33881</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number Is Not Acceptable)<br>83<br>84 City <b>FL</b> 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

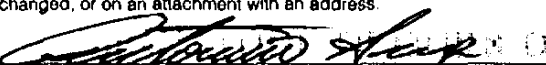
(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | PD<br>SERGI, ANTONINO<br>3319 FOXRIDGE DR.<br>WINTER HAVEN FL    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VD<br>MONTANARI, ANTONIO<br>1600 AVE L NW<br>WINTER HAVEN FL     | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | SD<br>NIETO, BABS<br>221 WELLS RD<br>AUBURNDALE FL               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | SD<br>WURTH, GLORIA<br>1326 MORNINGSIDE DR<br>LAKE WALES FL      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | TD<br>TANCREDI, CLARA<br>1204 CYPRESS POINT E<br>WINTER HAVEN FL | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | TR<br>SAMMARO, ROBERT<br>1491 AVE F NE<br>WINTER HAVEN FL        | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 6.4 CITY - ST - ZIP                                   |  |

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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/97)