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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50717

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 P O BOX 7496 WINTER HAVEN FL 33883 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/03/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3188662
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD DELETE
NAME	SERGI, ANTONINO
STREET ADDRESS	3319 FOXRIDGE DR.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD DELETE
NAME	SAMMARO, ROBERT
STREET ADDRESS	1491 AVE F NE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	SD DELETE
NAME	NIETO, BABS
STREET ADDRESS	221 WELLS RD
CITY-ST-ZIP	AUBURNDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WURTH, GLORIA
STREET ADDRESS	1326 MORNINGSIDE DR
CITY-ST-ZIP	LAKE WALES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	TANCREDI, CLARA
STREET ADDRESS	1204 CYPRESS POINT E
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	TR <input type="checkbox"/> DELETE
NAME	QUILL, RAY MAC
STREET ADDRESS	228 DIXIE CR
CITY-ST-ZIP	HAINES CITY FL

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	CLARA TANCREDI
1.3 STREET ADDRESS	1204 CYPRESS POINT E.
1.4 CITY-ST-ZIP	WINTER HAVEN, FL.
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARD CARLUCCI
2.3 STREET ADDRESS	55 BUCK CIRCLE
2.4 CITY-ST-ZIP	HAINES CITY, FL
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELAINE SAMMARO
3.3 STREET ADDRESS	1419 AVE F N.E.-WINTER HAVEN, FL
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	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ERMELINDA SERGI
5.3 STREET ADDRESS	3319 FOXRIDGE DR. - WINTER HAVEN, FL
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mac QUILL, RAY
6.3 STREET ADDRESS	228 DIXIE CR.
6.4 CITY-ST-ZIP	HAINES CITY, FL

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: *ERMELINDA SERGI* **SIGNATURE REQUIRED** *ERMELINDA SERGI 3/5/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)