FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

DOCUMENT # N92000000321 (1)

NATIONAL ITALIAN AMERICAN SPORTS HALL OF FAME PA
LM BEACH CHAPTER, INC.

Principal Place of Business	Mailing Address
1779 N CONGRESS AVE SUITE 308 BOYNTON BEACH FL 33426	1779 N CONGRESS AVE SUITE 308 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1992
3a. Date of Last Report: 09/01/1994
4. FEI Number: 36-3459162 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERAZZOLI, LARRY A 4141 ALPINIA CT. BOYNTON BEACH FL 33436	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 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: (Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	D	11 TITLE	TREASURER ☐ Change ☒ Addition
NAME	FERAZZOLI, LARRY	12 NAME	SUSAN PAPPA GALLO
STREET ADDRESS	4141 ALPINIA COURT	13 STREET ADDRESS	3561 E. SANDPIPER DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33436	14 CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FERAZZOLI, DIANE	22 NAME	
STREET ADDRESS	4141 ALPINIA CT.	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BIRDSALL, KEN	32 NAME	
STREET ADDRESS	5858 SUN POINTE CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Susan Pappagallo for LARRY F / Susan Pappagallo 4-28-95 4077350507
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Officer or Director) Date Daytime Phone #

0049008