2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State
07-27-2006 90018 026 ****61.25

DOCUMENT # N92000000593

1. Entity Name
THE GULF COAST ITALIAN CULTURE SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O ELI G. CHATSON 5408 EAGLES POINT CIRCLE SARASOTA, FL 34231 US	P. O. BOX 25321 SARASOTA, FL 34277 US

05232006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
DOROTHY LEONE	ABOVE
Suite, Apt. #, etc. 4294 REFLECTIONS Pkwy	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State
Zip 34233 Country	Zip Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHATSON, ELI G. 5408 EAGLES POINT CIRCLE SARASOTA, FL 34231	Name DOROTHY LEONE Street Address (P.O. Box Number is Not Acceptable) 4294 REFLECTIONS PKWY. City SARASOTA FL Zip Code 34233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorothy Leone - TREASURER 7/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LATONA, DR. JOSEPH 570 MARSH CREEK ROAD VENICE, FL 34292	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition T Dorothy Leone 4294 Reflections Parkway Sarasota, Fl. 34233
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTRABERTI, ARTHUR 4248 BRANDYWINE DRIVE SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP Dr. Samuel Pizzi 118 Golf Club Lane Venice, Fl. 34293 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S PALMER, MARY 1233 N. GULF STREAM APT 904 SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MC ENTEE, MARIE 4473 LONGMEADOW SARASOTA, FL 34235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP CORSENTINO, MARIE 8021 BOBCAT CIRCLE SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAPOLIELLO, RUTH 7574 TORI WAY BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Leone 7/24/06 941-379-0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #