

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90028 048 ****61.25

DOCUMENT # N92000000593 1. Entity Name THE GULF COAST ITALIAN CULTURE SOCIETY, INC.					
Principal Place of Business DOROTHY LEONE 4294 REFLECTIONS PKWY SARASOTA FL 34233 US			Mailing Address P. O. BOX 25321 SARASOTA FL 34277 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent LEONE, DOROTHY 4294 REFLECTIONS PKWY SARASOTA FL 34233			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Dorothy Leone</i></u> DOROTHY LEONE, TREASURER <u>4/24/07</u> DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	T LEONE, DOROTHY 4294 REFLECTIONS PKWY SARASOTA FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NATALIE AMEDEO ☐ Change ☒ Addition PO BOX 266 34228 Longboat Key, FL 34221		
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 ROBERT AMEDEO ☐ Change ☒ Addition PO BOX 266 34228 Longboat Key, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D 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	VP PIZZI, SAMUEL DR 118 GOLF CLUB LN VENICE FL 34293 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PD 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 TORWAY 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 Section 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: <u><i>Dorothy Leone</i></u> <u>4/24/07</u> <u>941-319-0853</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					