

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 028 ****61.25

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/07)

4. FEI Number

NO-T 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

LEONE, DOROTHY
4294 REFLECTIONS PKWY
SARASOTA FL 34233

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 *Dorothy Leone* **DOROTHY LEONE** **TREASURER**

4/25/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	T	☐ Delete
NAME	LEONE, DOROTHY	
STREET ADDRESS	4294 REFLECTIONS PKWY	
CITY - ST - ZIP	SARASOTA FL 34233	
TITLE	DS	☒ Delete
NAME	AMEDEO, NATALIE	
STREET ADDRESS	PO BOX 266	
CITY - ST - ZIP	LONGBOAT KEY FL 34228	
TITLE	DP	☐ Delete
NAME	PALMER, MARY	
STREET ADDRESS	1233 N. GULF STREAM APT 904	
CITY - ST - ZIP	SARASOTA FL 34236	
TITLE	VP	☒ Delete
NAME	PIZZI, SAMUEL - DR	
STREET ADDRESS	118 GOLF CLUB LN	
CITY - ST - ZIP	VENICE FL 34293	
TITLE	PD	☒ Delete
NAME	CORSENTINO, MARIE	
STREET ADDRESS	8021 BOBCAT CIRCLE	
CITY - ST - ZIP	SARASOTA FL 34238	
TITLE	D	☐ Delete
NAME	AMEDEO, ROBERT	
STREET ADDRESS	PO BOX 266	
CITY - ST - ZIP	LONGBOAT KEY FL 34228	

TITLE	DS	☐ Change ☒ Addition
NAME	DS AIDA LABRUTTE	
STREET ADDRESS	7496 BOTANIA PKWY	
CITY - ST - ZIP	SARASOTA, FL 34238	
TITLE	D	☐ Change ☒ Addition
NAME	D - JOSEPH MUCCIA	
STREET ADDRESS	3990 CHATSWORTH GREEN	
CITY - ST - ZIP	SARASOTA, FL 34235	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Dorothy Leone* **DOROTHY LEONE** *4/25/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone #