

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000593

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

DOROTHY LEONE
4294 REFLECTIONS PKWY
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 25321
SARASOTA, FL 34277 US

New Mailing Address:

FEI Number: 65-0369121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, DOROTHY
4294 REFLECTIONS PKWY
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LEONE, DOROTHY
Address: 4294 REFLECTIONS PKWY
City-St-Zip: SARASOTA, FL 34233

Title: DS () Delete
Name: LABRUTTE, AIDA
Address: 7496 BOTANIA PKWY
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: PALMER, MARY
Address: 1233 N. GULF STREAM APT 904
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: MOCCIA, JOSEPH
Address: 3990 CHATSWORTH GREEN
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: AMEDEO, ROBERT
Address: PO BOX 266
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PALMER, MARY
Address: 888 BLVD OF THE ARTS - UNIT 406
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: MOCCIA, JOSEPH
Address: 536 KETCH LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change () Addition
Name: AMEDEO, ROBERT
Address: PO BOX 8147
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY LEONE

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04/06/2009

Electronic Signature of Signing Officer or Director

Date