FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000978 (8)**

1. Corporation Name

ITALIAN CULTURAL SOCIETY OF PENSACOLA FLORIDA, I NC.

Principal Place of Business	Mailing Address
817 NORTH PALAFOX STREET PENSACOLA FL 32501	P. O. BOX 1811 PENSACOLA FL 32598 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1992**

3a. Date of Last Report: **04/11/1994**

4. FEI Number: **59-3161174** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 PENSACOLA
22 Suite, Apt. #, etc.
23 City & State: PENSACOLA, FL
24 Zip: 32598 25 Country: U.S.A

2a. Mailing Address
26 P.O. BOX 1811
27 Suite, Apt. #, etc.
28 City & State: PENSACOLA, FL
29 Zip: 32598 30 Country: U.S.A

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 S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCGRAW, ARTICE L
817 NORTH PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CANAPA, CARLO	12 NAME	
STREET ADDRESS	1638 BALI HAI COURT	13 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SIMONETTI, PIERO	22 NAME	
STREET ADDRESS	3006 E. MORENO STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ALBINO, ANN	32 NAME	
STREET ADDRESS	412 N. BRAINERD STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WINDHAM, PAT	42 NAME	
STREET ADDRESS	1330 E. MALLORY STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DEMARKO, MICHAEL	52 NAME	
STREET ADDRESS	P. O. BOX 12287 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, ROSE	62 NAME	
STREET ADDRESS	6047 CHANDELLE CIR.	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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: Piero Simonetti (PIERO SIMONETTI) 4-29-95 904.469.0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072719