

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000978 (8)

1. Corporation Name

ITALIAN CULTURAL SOCIETY OF PENSACOLA FLORIDA, INC.

Principal Place of Business

**817 NORTH PALAFOX STREET
PENSACOLA FL 32508
US**

Mailing Address

**P.O. BOX 1811
PENSACOLA FL 32508
US**



3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3161174

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGRAW, ARTICE L
817 NORTH PALAFOX STREET
PENSACOLA FL 32501**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CANAPA, CARLO**
STREET ADDRESS **1638 BALI HAI COURT**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ DELETE
NAME **SIMONETTI, PIERO**
STREET ADDRESS **3006 E. MORENO STREET**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ DELETE
NAME **ALBINO, ANN**
STREET ADDRESS **412 N. BRAINERD STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ DELETE
NAME **WINDHAM, PAT**
STREET ADDRESS **1330 E. MALLORY STREET**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ DELETE
NAME **DEMARKO, MICHAEL**
STREET ADDRESS **P. O. BOX 12267 N/A**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **D** ☐ DELETE
NAME **CUNNINGHAM, ROSE**
STREET ADDRESS **8047 CHANDELLE CIR.**
CITY-ST-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **SCHU, GEORGE**
1.3 STREET ADDRESS **5, NORTH AVE. N.A.S.**
1.4 CITY-ST-ZIP **PENSACOLA, FL 32508**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **WAGGONER, JANET**
2.3 STREET ADDRESS **2874 WHISPER BAY BLVD**
2.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

3.1 TITLE **CANAPA, CARLO** ☐ Change ☐ Addition
3.2 NAME **CANAPA, CARLO**
3.3 STREET ADDRESS **1638 BALI HAI COURT**
3.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **SIMONETTI, PIERO**
4.3 STREET ADDRESS **3006 E MORENO ST.**
4.4 CITY-ST-ZIP **PENSACOLA, FL 32503**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **WINDHAM, PAT**
5.3 STREET ADDRESS **1330 E MALLORY ST.**
5.4 CITY-ST-ZIP **PENSACOLA, FL 32503**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **DEMARKO MICHAEL**
6.3 STREET ADDRESS **P.O. BOX 12267 N/A**
6.4 CITY-ST-ZIP **PENSACOLA FL 32581**

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)(k), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-1996

Date

904.469.0840

Daytime Phone #

CR2E037 (12/95)