


FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000978 (8)**

1. Corporation Name  
**ITALIAN CULTURAL SOCIETY OF PENSACOLA FLORIDA, INC.**

Principal Place of Business <b>617 NORTH PALAFOX STREET PENSACOLA FL 32508 US</b>	Mailing Address <b>P.O. BX 1811 PENSACOLA FL 32508-1811 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

3. Date Incorporated or Qualified <b>12/21/1992</b>	3a. Date of Last Report <b>05/02/1996</b>
4. FEI Number <b>59-3161174</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CANAPA, CARLO</b>
STREET ADDRESS	<b>1638 BALI HAI COURT</b>
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIMONETTI, PIERO</b>
STREET ADDRESS	<b>3006 E. MORENO STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ALBINO, ANN</b>
STREET ADDRESS	<b>412 N. BRAINERD STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WINDHAM, PAT</b>
STREET ADDRESS	<b>1330 E. MALLORY STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEMARKO, MICHAEL</b>
STREET ADDRESS	<b>P. O. BOX 12287 N/A</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, ROSE</b>
STREET ADDRESS	<b>6047 CHANDELLE CIR.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WAGGONER JAN</b>
3.3 STREET ADDRESS	<b>2874 WHISPER BAY BLVD</b>
3.4 CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>BROWN LAURA</b>
6.3 STREET ADDRESS	<b>4661 LA JOLLA</b>
6.4 CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>

14. I do hereby certify that the information supplied with this filing 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 \_\_\_\_\_ DATE **4-18-97** **ROSE CUNNINGHAM**

CR2E037 (9/96)