

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90188 003 ****61.25

0060334

DOCUMENT # N92000000978

1. Corporation Name

ITALIAN CULTURAL SOCIETY OF PENSACOLA FLORIDA, I
NC.

Principal Place of Business

817 NORTH PALAFOX STREET
PENSACOLA FL 32598
US

Mailing Address

P.O. BX 1811
PENSACOLA FL 32598
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/21/1992

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CANAPA, CARLO
STREET ADDRESS 1638 BALI HAI COURT
CITY-ST-ZIP GULF BREEZE FL 32561

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SIMONETTI, PIERO
STREET ADDRESS 3006 E. MORENO STREET
CITY-ST-ZIP PENSACOLA FL 32503

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME JAMES R EINHART
STREET ADDRESS 6436 SCENIC HWY
CITY-ST-ZIP PENSACOLA FL 32504

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DOLORES GREEN
STREET ADDRESS 6436 SCENIC HWY
CITY-ST-ZIP PENSACOLA FL 32504

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
STREET ADDRESS P O BOX 12387 N/A
CITY-ST-ZIP PENSACOLA FL 32582

2.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
STREET ADDRESS P O BOX 12387 N/A
CITY-ST-ZIP PENSACOLA FL 32582

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
STREET ADDRESS P O BOX 12387 N/A
CITY-ST-ZIP PENSACOLA FL 32582

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
STREET ADDRESS P O BOX 12387 N/A
CITY-ST-ZIP PENSACOLA FL 32582

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
STREET ADDRESS P O BOX 12387 N/A
CITY-ST-ZIP PENSACOLA FL 32582

3.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
STREET ADDRESS P O BOX 12387 N/A
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3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
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CITY-ST-ZIP PENSACOLA FL 32582

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

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4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
STREET ADDRESS P O BOX 12387 N/A
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4.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
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4.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

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4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
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5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MS CYNTHIA S CRAIG
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5.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

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5.3 STREET ADDRESS ☐ Change ☐ Addition

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CITY-ST-ZIP PENSACOLA FL 32582

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED EINHART 4/19/99

Date

8508574876

Daytime Phone #

CR2E037 (11/98)