Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N92000000978

1. Corporation Name

ITALIAN CULTURAL SOCIETY OF PENSACOLA FLORIDA, I NC.

Principal Place of Business 817 NORTH PALAFOX STREET PENSACOLA FL 32598

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

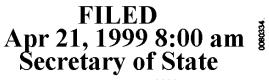
P.O. BX 1811 PENSACOLA FL 32598

2a. Mailing Address

Suite, Apt. #, etc.

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3. Date Incorporated or Qualifed 12/21/1992

4. FEI Number

59-3161174

22		27			59-31611/4	N	ot Applicable
City & Stat	te	City & State	3		5. Certificate of Status Desired	4	Additional equired
23		28	0				<u> </u>
Zip	Country	Zip	Count	ry	6. Election Campaign Financing	1 '	May Be
24			30		Trust Fund Contribution Added to Fees		
	9. Name and Address of Currer	nt Registered Agent		Mal Mana	10. Name and Address of New Reg	istered Agent	
,			•	11 Name			
MCGRAW, ARTICE L				2 Street Ad	dress (P.O. Box Number is Not Acceptable	9)	
817 NORTH PALAFOX STREET					·	···	
	OLA FL 32501		8	13			
,			Ļ	4 0"		as Zio	Code
	a mand of the expension of the state of the		1	14 City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 617 050	12 and 617 1508. Florida Sta	tutes the abo	i_ ve-named co	rporation submits this statement for the pu	roose of changing its	registered
office or i	registered agent, or both, in the State	of Florida. Such change was	s authorized t	by the corpora	ition's board of directors. I hereby accept the	ne appointment as re	gistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 617.0503,	Florida Statut	es.			
SIGNATURE						DATE	
	Signature, typed or printed name of registered age		OTE: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	******	08S IN 12
12.	OFFICERS AND DIRECTORS □ DELETE			<u>-</u>	ADDITIONOIS IN TOCAL TO CALL	Change	Addition
TITLE	D		1.1 ΠΤ.	[
NAME	CANAPA, CARLO		1.2 NAM	E			
STREET ADORESS	1638 BALI HAI COURT		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITL	Ē	•	Change	Addition
NAME	SIMONETTI, PIERO		2.2 NAM	E			
STREET ADDRESS	AAAA E MODENO ATDEET		2.3 STR	ET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503		2.400	(-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITL			Change	☐ Addition
	JAMES R EINHART		3.2 NAM				
NAME	0400 0055110 48507			EET ADDRESS			
STREET ADDRESS	1					•	
CITY-ST-ZIP	PENSACOLA FL 32504			/- ST- ZIP		Change	☐ Addition
TITLE	D	☐ DELETE	4.1 TITU	·		□ cuange	Mucilion
NAME	DOLORES GREEN		4. 2 NAM	AE			
STREET ADDRESS	6436 SCENIC HWY		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504	<u></u>	4.4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TTL	E		Change	Addition
NAME	DEMARKO, MICHAEL		5.2 NAM	E			
STREET ADDRESS	D O DOV 40007 N/A		5.3 STR	EET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL		5.4 CITY	-\$T-ZIP			
TITLE	D	☐ DELETE	6.1 TITL			☐ Change	Addition
)	MS CYNTHIA S CRAIG	<u> </u>	6.2 NAM	1			_
NAME	D O DOY 40007 NIA	• • • •		EET ADORESS	,		
			■ 63 SIR	FF I ALJUNESS I			
STREET ADDRESS	PENSACOLA FL 32582		` : I	-ST-ZIP			

in officer or director of the corporation on the receiver or fustee 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 or an attachment with an address, with all other like empowered.