# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N92000000978

1. Entity Name
ITALIAN CULTURAL SOCIETY OF PENSACOLA FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 817 NORTH PALAFOX STREET<br>PENSACOLA, FL 32598 US | P.O. BX 1811<br>PENSACOLA, FL 32591 US |

DO NOT WRITE IN THIS SPACE

04112004 No Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

4-12-04

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | CANAPA, CARLO |
| STREET ADDRESS | 1638 BALI HAI COURT |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 |
| TITLE | D |
| NAME | SIMONETTI, PIERO |
| STREET ADDRESS | 3006 E. MORENO STREET |
| CITY-ST-ZIP | PENSACOLA, FL 32503 |
| TITLE | D |
| NAME | DEMARKO, MICHAEL |
| STREET ADDRESS | P. O. BOX 12267 N/A |
| CITY-ST-ZIP | GULF BREEZE, FL |
| TITLE | D |
| NAME | FRANCO, FEDELE |
| STREET ADDRESS | 7381 BAYWOOD LANE |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | D |
| NAME | GENTILE, SOCRATE |
| STREET ADDRESS | 3026 MARCUS POINT BLVD. |
| CITY-ST-ZIP | PENSACOLA, FL 32505 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000122789
04/21/04-80042-016 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Antoinette O. M'Intosh Treasurer ICS 4-12-04 850-932-5285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #