

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000978

FILED
Apr 18, 2006
Secretary of State

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

Current Principal Place of Business:

817 NORTH PALAFOX STREET
PENSACOLA, FL 32598 US

New Principal Place of Business:

Current Mailing Address:

P.O. BX 1811
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-3161174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANAPA, CARLO
Address: 1638 BALI HAI COURT
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: SIMONETTI, PIERO
Address: 3006 E. MORENO STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: SHELTON, GIULIANA M
Address: 2197 N58TH AVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: SHELTON, GEORGE D
Address: 2197 N58TH AVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: GENTILE, SOCRATE
Address: 3026 MARCUS POINT BLVD.
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE D SHELTON

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date