

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90078 041 ***61.25

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1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3161174**

Applied For

Not Applicable

Zip

Country

Zip

Country

32591

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CANAPA, CARLO**
STREET ADDRESS **1638 BALI HAI COURT**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SIMONETTI, PIERO**
STREET ADDRESS **3006 E. MORENO STREET**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JAMES R. EINHART**
STREET ADDRESS **6438 SCENIC HWY**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☒ Change ☐ Addition
NAME **Socrate Gentile**
STREET ADDRESS **3026 Maras Point Blvd**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRANCO, FEDELE**
STREET ADDRESS **7381 BAYWOOD LANE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Socrate Gentile

01/17/2003

CR2E037 (10/02)