

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003247 (4)**

1. Corporation Name

AMERICAN FRIENDS OF ITALY CLUB, INC.



Principal Place of Business

Mailing Address

PO BOX 612 NA
DUNNELLON FL 34434
US

PO BOX 612 NA
DUNNELLON FL 34434
US

3. Date Incorporated or Qualified
07/20/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0430065

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POE, GARY A
103 N. APOPKA AVE.
INVERNESS FL 32650

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	P	<input checked="" type="checkbox"/> DELETE
NAME	PAZZANI, MARIO	
STREET ADDRESS	9679 SW 198 TH	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLAKELY, JOHN	
STREET ADDRESS	9464 N. AGATHA	
CITY-ST-ZIP	CITRUS SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PAZZANI, MADELINE	
STREET ADDRESS	9679 SW 198TH	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MINCIELI, ANITA	
STREET ADDRESS	2262 W AUTUM PL	
CITY-ST-ZIP	CITRUS SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, MILLIE	
STREET ADDRESS	2140 W DORAL	
CITY-ST-ZIP	CITRUS SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERROTTI, JEAN	
STREET ADDRESS	8265 N SARAZEN	
CITY-ST-ZIP	CITRUS SPRINGS FL	

11 TITLE	V/D JOE ESPOSITO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	2431 W. FAIRWAY LOOP	
13 STREET ADDRESS	CITRUS Sp. FL. 34434	
14 CITY-ST-ZIP		
21 TITLE	P/D FRANK NELSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	4322 N. CITRUS SP BLVD	
23 STREET ADDRESS	CITRUS SPRINGS FL 34434	
24 CITY-ST-ZIP		
31 TITLE	S/D LIZ BIANCAMANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	2635 W. GARDENIA Dr.	
33 STREET ADDRESS	CITRUS Sp. FL. 34434	
34 CITY-ST-ZIP		
41 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PAT CURRY	
43 STREET ADDRESS	2323 W FAIRWAY LOOP	
44 CITY-ST-ZIP	CITRUS SPRINGS FL. 34434	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Pat Curry Treas. PAT CURRY Date: 4-20-96 Daytime Phone #: (352) 489-0130

CR2E037 (12/95)