

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

26

4. FEI Number
65-0430065

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

Country

Country

Country

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

TITLE P ☒ DELETE
NAME PAZZANI, MARIO
STREET ADDRESS 9679 SW 198 TH
CITY - ST - ZIP DUNNELLON FL

TITLE P ☒ DELETE
NAME BLAKELY, JOHN
STREET ADDRESS 9464 N. AGATHA
CITY - ST - ZIP CITRUS SPRINGS FL

TITLE S ☒ DELETE
NAME PAZZANI, MADELINE
STREET ADDRESS 9679 SW 198TH
CITY - ST - ZIP DUNNELLON FL

TITLE T ☒ DELETE
NAME MINCIELI, ANITA
STREET ADDRESS 2262 W AUTUM PL
CITY - ST - ZIP CITRUS SPRINGS FL

TITLE D ☒ DELETE
NAME MCCARTHY, MILLIE
STREET ADDRESS 2140 W DORAL
CITY - ST - ZIP CITRUS SPRINGS FL

TITLE D ☒ DELETE
NAME PERROTTI, JEAN
STREET ADDRESS 8265 N SARAZEN
CITY - ST - ZIP CITRUS SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V/D JOE ESPOSITO ☒ Change ☐ Addition
12 NAME 2431 W. FAIRWAY LOOP
13 STREET ADDRESS CITRUS SP. FL. 34434

14 CITY - ST - ZIP P/D FRANK NELSON ☒ Change ☐ Addition
21 TITLE 4322 N. CITRUS SP BLVD
22 NAME CITRUS SPRINGS FL 34434
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE S/D LIZ BIANCAMANO ☒ Change ☐ Addition
32 NAME 2635 W. GARDENIA Dr.
33 STREET ADDRESS CITRUS SP. FL. 34434
34 CITY - ST - ZIP

41 TITLE T/D PAT CURRY ☒ Change ☐ Addition
42 NAME 2323 W FAIRWAY LOOP
43 STREET ADDRESS CITRUS SPRINGS FL. 34434
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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

4-20-96

(352) 489-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)