

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

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90081 008 ****61.25

0001947

DOCUMENT # **N95000004339**



1. Entity Name

NEW YORK SOCIAL CLUB OF PALM COAST, INC.

Principal Place of Business

**ITALIAN-AMERICAN CLUB
45 OLD KINGS RD.
PALM COAST FL 32137
US**

Mailing Address

**P.O. BOX 353519
PALM COAST FL 32135-3519
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0191133**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CREEDEN, DENNIS J
14 ASHBURY LA
FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

Name **John T. Rogers**
Street Address (P.O. Box Number is Not Acceptable)
1166 ATHLONE WAY
City **ORMOND BEACH FL** Zip Code **32174**

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

John T. Rogers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | FLANAGAN, MAUREEN | |
| STREET ADDRESS | 117 FORRESTER PL | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | PLACENTI, LUCIA | |
| STREET ADDRESS | 1 WAGON WHEEL PL | |
| CITY-ST-ZIP | PALM COAST FL 32164 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ESPTAIN, HENRIETTA | |
| STREET ADDRESS | 20 N CLARIDGE CT | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | CREEDEN, DENNIS | |
| STREET ADDRESS | 11 WHIPPORWILL LN | |
| CITY-ST-ZIP | PALM COAST FL 32164 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | PERRETTO, JEAN | |
| STREET ADDRESS | 98 WYNNFIELD FR | |
| CITY-ST-ZIP | PALM COAST FL 32164 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | AMMIRATO, BELLE | |
| STREET ADDRESS | 33 CHRISTOPHER CT | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |

| | | |
|----------------|------------------------------|--|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUISI, ANGELA | |
| STREET ADDRESS | 70 FRONTIER DR | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PLACENTI, LUCIA | |
| STREET ADDRESS | 16 WELING LANE | |
| CITY-ST-ZIP | PALM COAST FL 32164 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EPSTEIN, HENRIETTA | |
| STREET ADDRESS | 20 CLARIDGE CT | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHN T. ROGERS | |
| STREET ADDRESS | 1166 ATHLONE WAY | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMMIRATA, BELLA | |
| STREET ADDRESS | 89 CLUBHOUSE DR | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |

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:

John T. Rogers REGISTERED AGENT

4/29/03

386 673-8858

CR2E037 (10/02)