

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra E. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004876 (7)

1. Corporation Name

ITALIAN-AMERICANS OF ST. LUCIE BUILDING FOUNDATION, INC.

Principal Place of Business

Mailing Address

765 DALTON CIRCLE
PT ST LUCIE FL 34953

765 DALTON CIRCLE
PT ST LUCIE FL 34953-5815



3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

APPLIED FOR 65-0620596

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

10. Name and Address of New Registered Agent

81 Name

AUGIE BERARDINELLI

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

842 SE CAVERW AVE

83

84 City

PORT ST. LUCIE

FL

85 Zip Code

34983

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

Augie Berardinelli

Feb 20, 1997

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 PD DUCI ☐ DELETE

NAME DUCI, FRANK
STREET ADDRESS 765 DALTON CIRCLE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE VD ☐ DELETE

NAME CONSIGLIO, HENRY
STREET ADDRESS 765 DALTON CIRCLE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE STD ☒ DELETE

NAME PARADYSY, JERRY
STREET ADDRESS 765 DALTON CIRCLE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE D ☒ DELETE

NAME CATALDO, RALPH
STREET ADDRESS 765 DALTON CIRCLE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE D ☒ DELETE

NAME BATTAGLIA, RAY
STREET ADDRESS 765 DALTON CIRCLE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE D ☐ DELETE

NAME SCALA, BILL
STREET ADDRESS 765 DALTON CIRCLE
CITY-ST-ZIP PT ST LUCIE FL 34953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE

Jan. 20, 1997 561-336 4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071058

CR2E037 (9/96)