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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. 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

4. FEI Number

APPLIED FOR 65-0620596

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRANN, JOSEPH~~
765 DALTON CIRCLE
PT ST LUCIE FL 34953

81 Name

AUGIE BERARDINELLI

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

842 SE CAUERW 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 Jan 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD DUCI	<input type="checkbox"/> DELETE
NAME	DUCI, FRANK	
STREET ADDRESS	765 DALTON CIRCLE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONSIGLIO, HENRY	
STREET ADDRESS	765 DALTON CIRCLE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PARADYSY, JERRY	
STREET ADDRESS	765 DALTON CIRCLE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CATALDO, RALPH	
STREET ADDRESS	765 DALTON CIRCLE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATTAGLIA, RAY	
STREET ADDRESS	765 DALTON CIRCLE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCALA, BILL	
STREET ADDRESS	765 DALTON CIRCLE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOE BRANN
3.3 STREET ADDRESS	1725 SE ELKART TERR.
3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIKE ITALIANO
4.3 STREET ADDRESS	529 SE DOME DR
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HENRY RUSSO
5.3 STREET ADDRESS	462 SW LOG DR.
5.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34953
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 1997 561-336 4343

CR2E037 (9/96)