

# 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 # F95000005582 (0)**

1. Corporation Name

**ISDA FRATERNAL ASSOCIATION**



Principal Place of Business

**419 WOOD ST  
PITTSBURGH PA 15222**

Mailing Address

**419 WOOD ST  
PITTSBURGH PA 15222**

3. Date Incorporated or Qualified  
**11/14/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**25-1091698**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32399-0300**

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 ☐ DELETE

NAME **P**  
**TAMILIA, PATRICK R**  
STREET ADDRESS **408 KINGS HWY**  
CITY - ST - ZIP **CARNEGIE PA 15106**

TITLE ☐ DELETE

NAME **V**  
**CASTELLI, THOMAS**  
STREET ADDRESS **326 GIRARD ST**  
CITY - ST - ZIP **JOHNSTOWN PA 15905**

TITLE ☐ DELETE

NAME **C**  
**MANZELLA, ANN**  
STREET ADDRESS **1312 HAZLETT RD**  
CITY - ST - ZIP **PITTSBURGH PA 15237**

TITLE ☐ DELETE

NAME **S**  
**DONAHUE, JOSEPHINE**  
STREET ADDRESS **9843 TOMAHAWK TRAIL**  
CITY - ST - ZIP **WEXFORD PA 15090**

TITLE ☐ DELETE

NAME **D**  
**BASSO, ANTHONY**  
STREET ADDRESS **6110 KENNEDY AVE**  
CITY - ST - ZIP **HAMMOND IN 46323**

TITLE ☐ DELETE

NAME **D**  
**NAPLES, PASCAL**  
STREET ADDRESS **1600 N. 20TH AVE**  
CITY - ST - ZIP **MELROSE PARK IL 60160**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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: Ann Manzella, Controller**

**1-22-96**

**261-3550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)