FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15237** **(3)**

1. Corporation Name

OSCEOLA COUNTY LODGE #2523 ORDER OF SONS OF ITAL Y IN AMERICA, INC.

Principal Place of Business	Mailing Address
1864 BOGGY CREEK RD P.O. BOX 421816 KISSIMMEE FL 34743	1864 BOGGY CREEK RD. P.O. BOX 421816 KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1986**
3a. Date of Last Report: **07/21/1994**
4. FEI Number: **59-2771497** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for ineligible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

9. Name and Address of Current Registered Agent

LAMANO, VINCENT
1864 BOGGY CREEK RD.
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	DEVILLERS, PATRICIA	12 NAME	
STREET ADDRESS	1472 REGAL CT	13 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	CERZOSIMO, GERALD	22 NAME	
STREET ADDRESS	1445 ABBERTON DR	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32821	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MORABITO, RITA	32 NAME	
STREET ADDRESS	257 HIDDEN SPRINGS CIR	33 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DEGORI, ROBERT	42 NAME	
STREET ADDRESS	419 RIDER CIR.	43 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL 34743	44 CITY ST ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	LAMANO, VINCENT	52 NAME	
STREET ADDRESS	1864 BOGGY CREEK RD	53 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	COLETTI, VIVETTA	62 NAME	
STREET ADDRESS	166 PINEWOOD CIRCLE	63 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	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)(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: X Vivetta Coletti 4-17-95 847-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000048