FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B[illegible]ham
Secretary of State
DIVISION OF CORPORATIONS

300001779443
-04/15/96--01021--031
***70.00

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

3. Date Incorporated or Qualified: **06/04/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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

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: Irene Lamano Pres
82 Street Address (P.O. Box Number is Not Acceptable): 1864 Boggy Creek Rd.
83
84 City: Kissimmee FL 85 Zip Code: 34743

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: Irene Lamano Pres — 4-3 96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEVILLERS, PATRICIA 1472 REGAL CT KISSIMMEE FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T Josephine Clum 658 Roylen Plam Dr Kissimmee FL 34743	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CERZOSIMO, GERALD 1445 ABBERTON DR ORLANDO FL 32821	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T Anthony Zappia 2343 Josefina DR Kissimmee FL 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORABITO, RITA 257 HIDDEN SPRINGS CIR KISSIMMEE FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Judy Demenico 72 Lake Pointe Cir Kissimmee 34743	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEGORI, ROBERT 419 RIDER CIR. KISSIMMEE FL 34743	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD Gerald V Cerzosimo 1445 Abberton AR orlando FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMANO, VINCENT 1864 BOGGY CREEK RD KISSIMMEE FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	P Irene Lamano 1864 Boggy Creek Rd Kissimmee FL 34743	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLETTI, VIVETTA 166 PINEWOOD CIRCLE KISSIMMEE FL	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP Elaine Cerzosimo 1445 Alberton DR orlando FL 32837	☑ Change ☐ Addition

CR2E037 (12/95)

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: Gerald V Cerzosimo F.S 4-3 96 438-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #