SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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: 04/14/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: SAME AS ABOVE
Suite, Apt. #, etc. — 27: SAME AS ABOVE

City & State — 23
City & State — 28

Zip — 24; Country — 25
Zip — 29; Country — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMANO, IRENE PRES
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 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 8-12-97
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	T	☐ DELETE	1.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	CLUM, JOSEPHINE		1.2 NAME	ROBERT DEGURI	
STREET ADDRESS	656 ROYLAN PLAM DR.		1.3 STREET ADDRESS	419 RIDER CIR.	
CITY-ST-ZIP	KISSIMMEE FL 34743		1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34743	
TITLE	T	☒ DELETE	2.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	ZAPPIA, ANTHONY		2.2 NAME	JOANN COLONNA	
STREET ADDRESS	2343 JOSEFINA DR.		2.3 STREET ADDRESS	524 MISSISSIPPI AVE.	
CITY-ST-ZIP	KISSIMMEE FL 34744		2.4 CITY-ST-ZIP	ST. CLOUD, FL. 34769	
TITLE	S	☐ DELETE	3.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	DEMONICO, JUDY		3.2 NAME	JERRY TESTA	
STREET ADDRESS	76 LAKE POINTE CIR		3.3 STREET ADDRESS	1781 KING CHARLES DR.	
CITY-ST-ZIP	KISSIMMEE FL 37443		3.4 CITY-ST-ZIP	KISSIMMEE, FL. 34744	
TITLE	SD	☒ DELETE	4.1 TITLE	FINANCIAL TREASURER	☐ Change ☒ Addition
NAME	CERZOSIMO, GERALD V		4.2 NAME	JOHN DEMONICO JR.	
STREET ADDRESS	1445 ABBERTON DR		4.3 STREET ADDRESS	76 LAKE POINTE CR.	
CITY-ST-ZIP	ORLANDO FL 32837		4.4 CITY-ST-ZIP	KISSIMMEE, FL. 34743	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAMANO, IRENE		5.2 NAME		
STREET ADDRESS	1864 BOGGY CREEK RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CERZOSIMO, ELAINE		6.2 NAME		
STREET ADDRESS	1445 ABBERTON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 REQUIRED 8/12/97