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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 06/04/1986

4. FEI Number: 59-2771497 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 524 Mississippi Ave	26 524 Mississippi Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 St. Cloud FL	28 St. Cloud FL
24 Zip 34769-3052 25 Country USA	29 Zip 34769-3052 30 Country USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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	10. Name and Address of New Registered Agent
LAMANO, IRENE PRES 1864 BOGGY CREEK RD. KISSIMMEE FL 34743	81 Name JoANN Colonna 82 Street Address (P.O. Box Number is Not Acceptable) 524 Mississippi Ave. 83 St. Cloud 84 City FL 85 Zip Code 34769-3052

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 JoAnn Colonna 4/15/98
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 CLUM, JOSEPHINE 656 ROYLAN PLAM DR. KISSIMMEE FL 34743	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TRUSTEE T LARRY DeFRANSISCO 325 Elmwood Ct Kissimmee 34743 Fl	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLONNA, JOANN 524 MISSISSIPPI AVE ST CLOUD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRES. D. JOANN COLONNA 524 Mississippi Ave St Cloud, FL 34769-3052	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEMONICO, JUDY 76 LAKE POINTE CIR KISSIMMEE FL 37443	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V.P. D. Robert DeGori 419 Robin Circle Kissimmee, FL 34743	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FT DEMONICO, JOHN JR 76 LAK POINTE CR KISSIMMEE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TRUSTEE T. Dorothy Ragati 560 Bittersweet Court Kissimmee, FL 34743	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMANO, IRENE 1864 BOGGY CREEK RD KISSIMMEE FL 34743	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	CHAPLAIN Jerry Testa D. 1781 Kingcharles Drive Kissimmee, FL 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CERZOSIMO, ELAINE 1445 ABBERTON DR ORLANDO FL 32837	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TRUSTEE Vivetta Colletti T 166 Pinewood Circle Kissimmee, FL 34743	☑ Change ☐ Addition

CR2E037 (10/97)

14. I 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 added on an attachment with an address.

SIGNATURE: JoAnn Colonna 4/6/98 407 957-4668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070735