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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15237**

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 524 MISSISSIPPI AVENUE<br>ST CLOUD FL 34769-3052<br>US | 524 MISSISSIPPI AVENUE<br>ST CLOUD FL 34769-3052<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>06/04/1986 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2771497 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

COLONNA, JO ANN
524 MISSISSIPPI AVENUE
ST CLOUD FL 34769

**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 _____ 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 | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEFRANSISCO, LARRY | | 1.2 NAME | | |
| STREET ADDRESS | 525 ELMWOOD COURT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34773 | | 1.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COLONNA, JOANN | | 2.2 NAME | | |
| STREET ADDRESS | 524 MISSISSIPPI AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST CLOUD FL 34769 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DE GORI, ROBERT | | 3.2 NAME | | |
| STREET ADDRESS | 419 RIDER CIRCLE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34743 | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RACATI, DOROTHY | | 4.2 NAME | | |
| STREET ADDRESS | 560 BITTERWOOD COURT | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34743 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TESTA, JERRY | | 5.2 NAME | | |
| STREET ADDRESS | 1781 KINGS CHARVES DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | | 5.4 CITY-ST-ZIP | | |
| TITLE | VP T | ☐ DELETE | 6.1 TITLE | TRUSTEE | ☐ Change ☐ Addition |
| NAME | COLETTI, VIVETTA | | 6.2 NAME | | |
| STREET ADDRESS | 166 PINEWOOD CIRCLE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34743 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1/21/99 407-859-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #