2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N15237

1. Entity Name
OSCEOLA COUNTY LODGE #2523 ORDER OF SONS OF ITALY IN AMERICA, INC.

Principal Place of Business	Mailing Address
419 RIDER CIR KISSIMMEE, FL 34743 US	PO BOX 421816 KISSIMMEE, FL 34742 US

01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEGORI, ROBERT N
419 RIDER CIRCLE
KISSIMMEE, FL 34743

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEGORI, ROBERT
STREET ADDRESS	419 RIDER CIR
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	VP
NAME	COLONNA, FRANK
STREET ADDRESS	3071 CROSS CREEK CT
CITY-ST-ZIP	SAINT CLOUD, FL 34769
TITLE	S
NAME	DERIENZO, ANN
STREET ADDRESS	259 CITRUS DR.
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	T
NAME	UCCELLO, MARIA
STREET ADDRESS	954 WHISTLER CT
CITY-ST-ZIP	SAINT CLOUD, FL 34769
TITLE	FS
NAME	INGOGLIA, MARY
STREET ADDRESS	5155 BULLS RD.
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	TD
NAME	UCCELLO, PAUL
STREET ADDRESS	954 WHISTLER CT.
CITY-ST-ZIP	SAINT CLOUD, FL 34769

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02/15/05-80047-002 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-8-05 407 348-5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #