2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# N15237

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

Current Principal Place of Business:

3071 CROSS CREEK CT
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

100 CYPRESS AVE
SAINT CLOUD, FL 34769 US

Current Mailing Address:

PO BOX 421816
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 59-2771497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLONNA, FRANK
3071 CROSS CREEK CT
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

CIANCIOTTA, ANTHONY L
100 CYPRESS AVE
SAINT CLOUD, FL 34769 US

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.

SIGNATURE: ANTHONY L. CIANCIOTTA 01/18/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLONNA, FRANK
Address: 3071 CROSS CREEK CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP ( ) Delete
Name: CIANCIATA, ANTHONY
Address: 100 CYPRESS AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: S ( ) Delete
Name: DORRIES, GERTRUDE
Address: 2021 PINENEEDLE TR
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete
Name: UCCELLO, MARIA
Address: 954 WHISTLER CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: FS ( ) Delete
Name: INGOGLIA, MARY
Address: 5155 BULLS RD.
City-St-Zip: SAINT CLOUD, FL 34772

Title: TD ( ) Delete
Name: PERRONE, JOE
Address: 3271 BUFFALO CT
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CIANCIOTTA, ANTHONY L
Address: 100 CYPRESS AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP (X) Change ( ) Addition
Name: ZAPPIA, ANTHONY
Address: 3107 PEBBLE CT
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY L CIANCIOTTA P 01/18/2007
Electronic Signature of Signing Officer or Director Date