

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra J. Morham
Secretary of State
DIVISION OF CORPORATIONS

65 MAY - 1 AM 9:47

DOCUMENT # **N21578 (2)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SONS OF ITALY OF AMERICA 2436, INC.

Principal Place of Business Mailing Address
PO BOX 1851 KEY WEST FL 33041 **PO BOX 1851 KEY WEST FL 33041**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/17/1987** 3a. Date of Last Report **02/14/1994**
4. FEI Number **NOT APPLICABLE** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 190.037 Florida Statutes Yes No

2. Principal Place of Business **2436** 2a. Mailing Address **P.O. BOX 1851**
21 **SONS OF ITALY LODGE** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State **Key West FL** 28 City & State
23
Zip **33041** 25 Country **USA** 29 Zip **33041** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CORVO, MICHAEL~~ **TERESA Ludwig**
~~821 CENTER STR~~ **1523 LAIRD STREET**
~~KEY WEST FL 33040~~ **Key West FL 33040**

81 Name **TERESA Rocco Ludwig**
82 Street Address (P.O. Box Number is Not Acceptable) **1523 LAIRD ST.**
83
84 City **Key West** 85 Zip Code **FL 33040**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ~~Michael Corvo~~ **Theresa C. Ludwig** **Theresa C. Ludwig** **4/28/95**
Signature, typed or printed name of registered agent and filer if applicable (Filer's Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CORVO, MICHAEL
STREET ADDRESS	821 CENTER STR
CITY - ST - ZIP	KEY WEST FL
TITLE	DV
NAME	LUDWIG, THERESA
STREET ADDRESS	1523 LAIRD STR
CITY - ST - ZIP	KEY WEST FL
TITLE	DO
NAME	GALLETTA, JOHN J JR
STREET ADDRESS	725 CAROLINE STR
CITY - ST - ZIP	KEY WEST FL
TITLE	DT
NAME	VAGNINI, JIM
STREET ADDRESS	1508 19TH STR
CITY - ST - ZIP	KEY WEST FL
TITLE	DT
NAME	ADAMEA, MICHAEL
STREET ADDRESS	5180 110 1
CITY - ST - ZIP	KEY WEST FL
TITLE	DS
NAME	CABRERA, PETER
STREET ADDRESS	1123 10TH TERR
CITY - ST - ZIP	KEY WEST FL

11 TITLE	DP PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TERESA Rocco Ludwig
13 STREET ADDRESS	1523 LAIRD STREET
14 CITY - ST - ZIP	KEY WEST, FL 33040
21 TITLE	DV VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DAWN BUNZEL
23 STREET ADDRESS	1213 14TH ST LOT B
24 CITY - ST - ZIP	KEY WEST, FL 33040
31 TITLE	DO ORATOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JULIUS GIOVANNUCI
33 STREET ADDRESS	127 Key Haven Rd.
34 CITY - ST - ZIP	Key West, FL 33040
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Vagnini was spelled (NAME spelled) incorrectly. (WRONG)
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	(IN THE PROCESS OF GETTING A NEW TREASURER)
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Theresa C. Ludwig** **Theresa C. Ludwig** **4/28/95** **305-293-0231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Filer's Name)