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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # **N21578**

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

Principal Place of Business	Mailing Address
1205 4TH STREET KEY WEST FL 33045 US	P.O. BOX 5838 KEY WEST FL 33045 US

2. Principal Place of Business 21 3825 FLAGLER AVENUE	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/17/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23 KEY WEST, FLORIDA	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 33040 Country 25 US	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RAPISARDI, JOHN
1706 PATRICIA STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name MARY LOU SCHMITT
82 Street Address (P.O. Box Number is Not Acceptable) 257 AVENUE A
83
84 City KEY WEST FL 85 Zip Code 33040

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 Gelsie Jacobellis - GELSIE JACOBELLIS DOFS 1/10/99
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	PD RAPISARDI, JOHN 1706 PATRICIA ST. KEY WEST FL 33040	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SCHMITT, MARY LOU 257 AVENUE A KEY WEST, FL, 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MCHMITT, MARY LOU 257 AVE. A. KEY WEST FL 33040	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP TRUMBO, CARRIE 3101 RIVIERA KEY WEST, FL 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO LUDWIG, THERESA 1523 LAIRD STREET KEY WEST FL 33040	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	1	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOFS JACOBELLIS, MARIA 3312 NORTHSIDE DRIVE APT. 513 KEY WEST FL 33040	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DOFS JACOBELLIS, GELSIE 3312 NORTHSIDE DR., APT #513 KEY WEST, FL, 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Gelsie Jacobellis - GELSIE JACOBELLIS DOFS 1/10/99 305-296-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #