2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
02-01-2005 90037 016 ****70.00

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

Principal Place of Business	Mailing Address
5610 COLLEGE ROAD KEY WEST, FL 33040 US	P.O. BOX 5838 KEY WEST, FL 33045 US

4UUU5635

01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRUMBO, CARRIE V
3635 SEASIDE DRIVE
401
KEY WEST, FL 33040

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

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	GIOVANNUCCI, JULIUS
STREET ADDRESS	127 KEY HAVEN ROAD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VP
NAME	TRUMBO, CARRIE V
STREET ADDRESS	PO BOX 14
CITY-ST-ZIP	KEY WEST, FL 33041
TITLE	T
NAME	NOBILI, DAVE
STREET ADDRESS	PO BOX 5838
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	FS
NAME	JACOBELLIS, GELSIE
STREET ADDRESS	PO BOX 5838
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	CUCUCCIO, MARIE
STREET ADDRESS	PO BOX 5838
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	RS
NAME	JACKSON, LUCIAN C
STREET ADDRESS	PO BOX 5838
CITY-ST-ZIP	KEY WEST, FL 33040

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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: Carrie V. Trumbo V.P. 1/25/05 305-296-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #