2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2007 8:00 am DOCUMENT # N21578 **Secretary of State** 02-13-2007 90013 025 ****61.25 SONS OF ITALY OF AMERICA 2436, INC. Principal Place of Business Mailing Address P.O. BOX 5838 KEY WEST FL 33045 US 5610 COLLEGE ROAD KEY WEST FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5610 College 20. POBOX 5838 Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Slate Keywest City & State 4. FEI Number Applied For <u>KeywesT</u>H NO-T APPLICABLE Not Applicable Zip 33040 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired usa 33045 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo TRUMBO, CARRIE V Street Address (P.O. Box Number is Not Acceptable) 3635 SEASIDE DRIVE # 401 KEY WEST FL 33040 Zip Code 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 it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MU ☐ Defete TITLE ☐ Addition ☐ Change NAME TRUMBO, CARRIE V NAME STREET ADDRESS STREET ADDRESS P.O. BOX 14 CITY-SI-ZIP CITY-S1-ZIP KEY WEST FL 33041 Delete THE THE ☐ Change ☐ Addition MARY LOW SCHMITT NAME DELCORIO, ANTHONY NAME STREET ADDRESS 3930 S ROOSEVELT BLVD 303 N STREET ADDRESS 257 AVE A CITY ST-ZIP KEY WEST FL 33040 CITY-ST-7IP Keywest 31.33040 TOTAL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CONTI (BOB), SALVATORE STREET ADDRESS STREET ADDRESS 1203 16TH TERR CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE FS ☐ Delete THE ☐ Change ■ Addition NAME NAME CICALESE, FRANK STREET ADDRESS 1203 16A TERR STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP KEY WEST FL 33040 TITLE. ☐ Delete TITLE ☐ Change ■ Addition NAME SIRECI, THOMAS J NAME STREET ADDRESS 1128 FLAGLER DR STREET ADDRESS CITY-SI-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CUCULINO, LUCIA J NAME STREET ADDRESS STREET ADDRESS P.O. BOX 5838 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33045

FILED

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 eath; that I am an efficiency 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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

SIGNATURE: Cauie V. Juemb Tresident 2-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date