

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N39750** (7)

1. Corporation Name  
**JERRY BARLETTA LODGE #2502, INC.**



Principal Place of Business: **C/O DOMENICK SALUTE, P O BOX 5232, SPRING HILL FL 32606, US**  
Mailing Address: **C/O DOMENICK SALUTE, P O BOX 5232, SPRING HILL FL 34606, US**

3. Date Incorporated or Qualified: **07/23/1990**  
3a. Date of Last Report: **01/30/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-3028513</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
<b>FORTUNATO, LOIS</b> <b>5175 MILL AVE</b> <b>SPRING HILL FL 34608</b>				81	Name			<b>GESSELLI, ANNETTE</b>		
				82	Street Address (P.O. Box Number is Not Acceptable)			<b>8164 TEDBURN PARK</b>		
				83	City			<b>SPRING HILL</b>	85	Zip Code
							<b>FL</b>		<b>34606</b>	

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: **ANNETTE GESSELLI** *Annette GesSELLI* **4/23/96**  
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	<b>DP</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLLETTI, SHEILA M.</b>			1.2 NAME			
STREET ADDRESS	<b>1418 VALIANT AVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SPRING HILL FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AGLIARDI, ANTHONY</b>			2.2 NAME			
STREET ADDRESS	<b>1448 HERITAGE AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SPRING HILL FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FORTUNATO, LOIS</b>			3.2 NAME	<b>ANNETTE GESSELLI</b>		
STREET ADDRESS	<b>5175 MILL AVE</b>			3.3 STREET ADDRESS	<b>8164 TEDBURN PARK</b>		
CITY-ST-ZIP	<b>SPRING HILL FL</b>			3.4 CITY-ST-ZIP	<b>SPRING HILL, FL. 34606</b>		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SALUTE, DOMENICK</b>			4.2 NAME			
STREET ADDRESS	<b>6405 ALBERTA AVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASARIO, DOMINIC</b>			5.2 NAME	<b>CASARIO, DOMINIC</b>		
STREET ADDRESS	<b>9282 BELVEDERE ST</b>			5.3 STREET ADDRESS	<b>7904 HOMER AVE.</b>		
CITY-ST-ZIP	<b>SPRING HILL FL</b>			5.4 CITY-ST-ZIP	<b>HUDSON, FL. 34667</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: *Anthony Agliardi* **Treasurer** **4/23/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)