

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 32806 US	Mailing Address C/O DOMENICK SALUTE P O BOX 5232 SPRING HILL FL 34611-0232 US
--	---



21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/23/1990	3a. Date of Last Report 04/29/1996
4. FEI Number 59-3028513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**GESSELLI, ANNETTE
8164 TEDBURN PARK
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGLIARDI, ANTHONY	1.2 NAME	
STREET ADDRESS	1448 HERITAGE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGHELLI, ANNETTE	2.2 NAME	DS
STREET ADDRESS	8164 TEDBURN PARK	2.3 STREET ADDRESS	GESSELLI, ANNETTE
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	8164 TEDBURN PARK
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALUTE, DOMENICK	3.2 NAME	
STREET ADDRESS	6405 ALBERTA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASARIO, DOMINIC	4.2 NAME	VP
STREET ADDRESS	7904 HOMER AVE.	4.3 STREET ADDRESS	CASARIO, DOMINIC
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	7904 HOMER AVE.
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP
STREET ADDRESS		5.3 STREET ADDRESS	LEMMO, JOSEPH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	.5175 HAMLET CIR.
TITLE		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 does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E037 (9/96)