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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34806 US
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3. Date Incorporated or Qualified 07/23/1990	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-3028513	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

GESSELLI, ANNETTE
8164 TEDBURN PARK
SPRING HILL FL 34806

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	AGLIARDI, ANTHONY	
STREET ADDRESS	1448 HERITAGE AVENUE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GESSELLI, ANNETTE	
STREET ADDRESS	8164 TEDBURN PARK	
CITY-ST-ZIP	SPRING HILL FL 34806	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEMMO, JOSEPH	
STREET ADDRESS	5175 HAMLET CR	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CASARIO, DOMINIC	
STREET ADDRESS	7904 HOMER AVE	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN ANNITTO	
1.3 STREET ADDRESS	4525 RACHEL BLVD.	
1.4 CITY-ST-ZIP	SPRING HILL, FL. 34607	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EUGENE GESSELLI	
3.3 STREET ADDRESS	8164 TEDBURN PARK	
3.4 CITY-ST-ZIP	SPRING HILL, FL. 34606	
4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROSEMARY SALUTE	
4.3 STREET ADDRESS	6405 ALBERTA ST.	
4.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34609	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Charlotte GesSELLI, Financial Secy* 4/16/98 352-596-9857

CR2E037 (10/97)