

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004421

FILED
Jan 07, 2005
Secretary of State

Entity Name: SONS OF ITALY FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

3315 LEMON STREET
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3315 LEMON STREET
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-2909031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSELL, ALICE
3315 LEMON STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHIARELLO, PAUL
Address: 231 HUBBELL STREET
City-St-Zip: EDGEWATER, FL 32132 US

Title: D () Delete
Name: CASTELLANO, FRANK
Address: 3108 NASSAU STREET WEST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: PIASIO, DENNIS J
Address: 5187 WOODSTONE CIRCLE EAST
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: RUSSELL, ALICE
Address: 2492 LAKE HELEN OSTEEN ROAD
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRECO, AL
Address: 112 11TH AVENUE
City-St-Zip: PASS-A-GRILLE, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE RUSSELL

D

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date