

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003447

Entity Name: ORDER OF SONS OF ITALY, WILLIAM A. DIMITRI LODGE, INC.**Current Principal Place of Business:**2661 S. COURSE DR.
408
POMAPNO BEACH, FL 33069**Current Mailing Address:**2661 S. COURSE DR.
408
POMAPNO BEACH, FL 33069**FEI Number:** 90-0957580**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PHILLIPS, ANTHONY
2661 S. COURSE DR.
408
POMAPNO BEACH, FL 33069 US*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

Officer/Director Detail :

Title	P
Name	PHILLIPS, ANTHONY
Address	2661 S. COURSE DR. #408
City-State-Zip:	POMPANO BEACH FL 33069

Title	VP
Name	NAPOLEONE, ANTHONY
Address	22024 COLONY DR.
City-State-Zip:	BOCA RATON FL 33433

Title	SECY
Name	PHILLIPS, NORMA
Address	2661 S. COURSE DR. #408
City-State-Zip:	POMPANO BEACH FL 33069

Title	TRUSTEE
Name	CUSICK, JOAN
Address	6784 VILLAS DR E.
City-State-Zip:	BOCA RATON FL 33433

Title	TRUSTEE
Name	MOTTOLA, VIVIAN
Address	6666 SPRING BOTTOME WAY #280
City-State-Zip:	BOCA RATON FL 33433

Title	TRUSTEE
Name	PERFETTO, FRED
Address	9435 BURLINGTON PL.
City-State-Zip:	BOCA RATON FL 33434

Title	TREASURER
Name	GOETZ, JEAN
Address	6088 PETALUMA DR
City-State-Zip:	BOCA RATON FL 33433

Title	TRUSTEE
Name	NASTRO, PASQUALE
Address	5151 NW 88TH LANE
City-State-Zip:	CORAL SPRINGS FL 33067

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: NORMA PHILLIPS**SECRETARY****04/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ORATOR
Name SCJARRETTE, ANTHONY
Address 7643 ESTRELLA CIR
City-State-Zip: BOCA RATON FL 33433

Title TRUSTEE
Name TAMACCIO, ANTHONY
Address 17873 FIELDBROOK CIR
City-State-Zip: BOCA RATON FL 33496