FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995 4-26-95

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

B-4591 XC

DOCUMENT # **733569** **(8)**

1. Corporation Name

ORDER SONS OF ITALY IN AMERICA, LAKE WORTH-BOYNTON BEACH LODGE NO. 2304, INC.

Principal Place of Business	Mailing Address
3595 2ND AVE. N. PO BOX 6467 LAKE WORTH FL 33461	3595 2ND AVE. N. PO BOX 6467 LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1975
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-6510843 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

AUMAIS, MARYJANE
6205 BALMY CT.
BOYNTON BCH. FL 33437

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary Jane Aumais Financial Secretary — DATE: 2/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	TORRILLO, FRANK	1.2 NAME		
STREET ADDRESS	329 PINE RIDGE CIR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN ACRES FL	1.4 CITY-ST-ZIP		
TITLE	FS	2.1 TITLE		☐ Change ☐ Addition
NAME	AUMAIS, MARYJANE	2.2 NAME		
STREET ADDRESS	6205 BALMY CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	FRUSTACI, MARIE	3.2 NAME		
STREET ADDRESS	4879 NEROS DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	DUCATI, ANNE	4.2 NAME	BEN DEACUTI'S	
STREET ADDRESS	9864 PAVAROTTI TERR., STE. 102	4.3 STREET ADDRESS	4663A GREENTREE PLACE	
CITY-ST-ZIP	BOYNTON BCH. FL	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: Frank Torrillo PRESIDENT 3/30/95 407-965-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001A04