

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733569 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

3595 2ND AVE. N.
PO BOX 6467
LAKE WORTH FL 33461

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PO BOX 6467
LAKE WORTH FL 33461



3. Date Incorporated or Qualified
08/13/1975

3a. Date of Last Report
04/26/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

May 6, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	TORRILLO, FRANK	
STREET ADDRESS	329 PINE RIDGE CIR.	
CITY - ST - ZIP	GREEN ACRES FL	
TITLE	FS	DELETE
NAME	AUMAIS, MARYJANE	
STREET ADDRESS	6205 BALMY CT.	
CITY - ST - ZIP	BOYNTON BCH. FL	
TITLE	VD	DELETE
NAME	FRUSTACI, MARIE	
STREET ADDRESS	4879 NEROS DR.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	TRES	DELETE
NAME	DEACUTIS, BEN	
STREET ADDRESS	4663 A GREEN TREE PLACE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	Change	Addition
1.2 NAME	Piaslo, Dennis		
1.3 STREET ADDRESS	5187 Woodstone Cir. E		
1.4 CITY - ST - ZIP	Lake Worth, Fl. 33463		
2.1 TITLE	VP	Change	Addition
2.2 NAME	Frustaci, Marie		
2.3 STREET ADDRESS	2886 Fernley I-East # 74		
2.4 CITY - ST - ZIP	West Palm Bch, Fl. 33415		
3.1 TITLE	FS	Change	Addition
3.2 NAME	Aumais, Mary Jane		
3.3 STREET ADDRESS	6205 Balmy Ct.		
3.4 CITY - ST - ZIP	Boynton Bch., Fl. 33437		
4.1 TITLE	Tres	Change	Addition
4.2 NAME	Ducati, Anne M.		
4.3 STREET ADDRESS	6277 Tall Cypress Cir.		
4.4 CITY - ST - ZIP	Greenacres, Fl. 33463		
5.1 TITLE		Change	Addition
5.2 NAME	800001833958		
5.3 STREET ADDRESS	-05/22/96--01020--047		
5.4 CITY - ST - ZIP	***61.25		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (407)
641-1643
Date Daytime Phone #

CR2E037 (12/95)