

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 733569</b> 1. Entity Name <b>ORDER SONS OF ITALY IN AMERICA, LAKE WORTH-BOYNTON BEACH LODGE NO. 2304, INC.</b>					
Principal Place of Business <b>4725 LAKEWORTH RD LAKE WORTH, FL 33463</b>			Mailing Address <b>PETER MARCELLI 5730 FERNLEY DR E #28 WEST PALM BEACH, FL 33415 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>59-6510843</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DEGANCE, ESQ, JOS 2471 NORTH FEDERAL HWY SUITE 601 FORT LAUDERDALE, FL 33306</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARCELLI, PETER</b> <input type="checkbox"/> Delete <b>5730 FERNLEY DR E #28</b> <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>p</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Pittaro, Sam</b> <b>2886 Fernley Dr. East #80</b> <b>West Palm Beach, Fl. 33515</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BERENOTTO, ROY</b> <b>2880 LAKE OSBORNE DR 208</b> <b>LAKE WORTH, FL 33461</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>vp</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Seminario, Angelo</b> <b>1128-a Summit Trail</b> <b>West Palm Beach, Fl. 33415</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MICELOTTA, BOB</b> <b>3266 JOG PARK DRIVE</b> <b>GREENACRES, FL 33467</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Micelotta, Bob</b> <b>3266 Jog Park Drive</b> <b>Greenacres, Fl. 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <input type="checkbox"/> Delete <b>MELICE, FELICIA</b> <b>500 DAVIS RD., BLDG. 1, APT. 37</b> <b>PALM SPRINGS, FL 33461</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Melice, Felicia</b> <b>500 Davis Rd., Bldg. 1, Apt. 37</b> <b>Palm Springs, Fl. 33461</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FST</b> <input type="checkbox"/> Delete <b>D'ATTOMA, CAROLYN</b> <b>2029 PRAIRIE KEY RD</b> <b>WEST PALM BEACH, FL 33406</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cannuscio, Graziella</b> <b>5390 Rivermill Lane</b> <b>Lake Worth, Fl. 33463</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;">B. 4/10/08</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em;">300123857843</div> <div style="font-size: 1.2em;">04/17/08--01014--005 **61.25</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Graziella Cannuscio</u> GRAZIELLA N. CANNUSCIO 4/2/08 (561) 642-4836</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 10 PM



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