NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

734143

(1)

DOMINICK GENTILE ORDER SONS OF ITALY CORAL SPRINGS LODGE #2332, INC.

Principal Place of Business

Mailing Address

10213 N.W. 81 ST. TAMARAC FL 33321 10213 N.W. 81 ST. TAMARAC FL 33321



					3. Date Incorporated or Qualified 10/23/1975 3a. Date of Last Report 05/01/1995	
	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
	N.W. 109 Ave.	26 3700 N.W. 1	LU9 A	ve.	65-0308247 Not Applicab	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State Coral Springs, FL 28 Coral Spring			ngs,	FL	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		This corporation has liability for intangible tax under s. 199,032.	
24 3306			Bro	ward		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
=			81	Name		
ESPOSITO, GREGORY F., JR., ESQ.			62	82 Street Address (P.O. Box Number is Not Acceptable)		
8016 WILES ROAD #9 CORAL SPRINGS FL 33067						
CORAL	SPRINGS FL 33067		63			
			84	City	85 Zip Code	
					FL T	
11. Pursuant to or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statutes, tl a. Such change was authorized b	he above-r sy the com	named co oration's	orporation submits this statement for the purpose of changing its registered officious of directors. I hereby accept the appointment as registered agent. I am	
familiar wi	th, and accept the obligations of, Section	on 617.0503, Florida Statutes.	, i 10 001p	oranor o	source of directors. Thereby the appointment as registered agent. Fall	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE DATE						
12.	OFFICERS AND		13.	it signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	™ DELETE	1.1 TITLE		P Mi Change Addition	
NAME	ATRIA, JOSEPH F	Q	1.2 NAME		Russ Russo	
STREET ADDRESS	10213 N.W. 81 ST.		1.3 STREET	ADDRESS	3700 N.W. 109 Ave.	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY - 9		Coral Springs, FL 33065	
TITLE	V	M DELETE	2171716	11-ZIF	V	
NAME	verzi, walter		2.2 NAME		Angela Harrington	
STREET ADDRESS	3761 N.W. 114 AVE.		2 3 STREET	ADORECC	5438 N.W. 45 Way	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-:			
TITLE	TR	X D€LETÉ	3.1 TITLE	31 - 21	Coconut Creek, Fl. 33073	
NAME	CIPRIANO, ANTHONY	-	3.2 NAME		MaryLou Uttariello	
STREET ADDRESS	9776 W. MCNAB RD.		3 3 STREET	AUUBESS		
CITY-ST-ZIP	TAMARAC FL 33321		3.4. C/TY-5		10791 Royal Palm Blvd.	
TITLE	TR	X DÉLETE	4.1 TITLE		Coral Springs, FL 33065 Change Addition	
NAME	MOREO, PETER		4 2 NAME		Josephine Price	
STREET ADDRESS	10864 N.W. 8TH CT.		4.3 STREET	ADDRESS	10440 N.W. 8th Court	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY - S	T - ZIP	Coral Sorings, FL 33071	
TITLE	TR	\ DELETE	5 1 TITLE		T Change Addition	
NAME	GATTUSO, ANNA		5.2 NAME		Ann Marrone	
STREET ADDRESS	8354 N.W. 55TH CT.		5.3 STREET	ADDRESS	8593 N.W. 35 Court	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		5.4 CITY - S	r - ZIP	Coral Springs, FL 33065	
TITLE	TR	X DELETE	6.1 TITL€		Change Addition	
NAME	atria, angelina		6 2 NAME			
STREET ADDRESS	10213 N.W. 81 ST.		6 3 STREET	ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		6.4 CITY - S			
14. I do hereb	v certify that the information supplied w	ith this filing is voluntarily furnished			alify for the exemption stated in Section 119 07/3/fk). Florida Statutes, Lighther	

6. For hereby certify that the information supplied with this filling 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: _

RUSS RUSSO
MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

(954) 752-61**04**

Daytime Phone #