

# 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 # 745840 (9)**

1. Corporation Name

**ORDER OF SONS OF ITALY IN AMERICA, INC., JOHN PAUL I, LODGE NO. 2427, ST. PETERSBURG, FLORIDA**



Principal Place of Business

Mailing Address

**3615-37TH ST. S.  
ST PETERSBURG FL 33711**

**3615-37TH ST. S.  
ST PETERSBURG FL 33711**

3. Date Incorporated or Qualified  
**02/07/1979**

3a. Date of Last Report  
**03/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTAGLIOLA, PAUL  
100-2ND AVE. S. #400  
ST PETERSBURG FL 33701**

81 Name

**PROZZO, BERNADETTE**

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

**2701 34th, STREET N. #316**

83

84 City

**ST. PETERSBURG,**

**FL**

85 Zip Code

**33713**

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 **PROZZO, BERNADETTE**

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

(NOTE: Registered Agent signature required when registered agent changes)

**3-5-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTODERO, PETER F.	
STREET ADDRESS	5080 LOCUST STREET N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIAFERIO, FERDINAND J.	
STREET ADDRESS	11865 109TH CT N	
CITY-ST-ZIP	LARGO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PROZZO, BERNADETTE	
STREET ADDRESS	2701 34TH ST N, #316	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOMBARDI, ANN	
STREET ADDRESS	5970 80TH ST N, #402	
CITY-ST-ZIP	GULFPORT FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	ZACCARO, MICHAEL	
STREET ADDRESS	5920-80TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	FS	<input checked="" type="checkbox"/> DELETE
NAME	DIAFERIO, MICOLENA	
STREET ADDRESS	11865 109TH CT N	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	PD	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PROZZO, BERNADETTE		
1.3 STREET ADDRESS	2701 34th, STREET N. #316		
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713		
2.1 TITLE	PP	IMMD PAST PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIAFERIO, FERDINAND J.		
2.3 STREET ADDRESS	11865 109TH CT. N.		
2.4 CITY-ST-ZIP	LARGO, FL 34648		
3.1 TITLE	VPD	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MINAFRA, ANTHONY		
3.3 STREET ADDRESS	6809 STONES THROW CIRCLE #16101		
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710		
4.1 TITLE	TD	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SIWECKI, ROSE I.		
4.3 STREET ADDRESS	7882 SAILBOAT KEY BLVD. S. #508		
4.4 CITY-ST-ZIP	SOUTH PASADENA, FL 33707		
5.1 TITLE	O	ORATOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ZACCARO, MICHAEL		
5.3 STREET ADDRESS	5920-80TH ST. N. #105		
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
6.1 TITLE	FS	FINANCIAL SEC'Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SIWECKI ROBERT J.		
6.3 STREET ADDRESS	7882 SAILBOAT KEY BLVD. S. #508		
6.4 CITY-ST-ZIP	SOUTH PASADENA, FL 33707		

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:

*Bernadette Prozzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-96**

Date

Daytime Phone #

CR2E037 (12/95)