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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 PA
UL 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 33711-4307**3. Date Incorporated or Qualified
02/07/19793a. Date of Last Report
03/08/1996

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

4. FEI Number
59-1967966Applied For
Not Applicable5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROZZO, BERNADETTE
2701 34H ST NORTH, #316
ST PETERSBURG FL 33713**

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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PROZZO, BERNADETTE	
STREET ADDRESS	2701 34TH ST NORTH, #316	
CITY - ST - ZIP	ST. PETERSBURG FL 33713	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	PP	<input type="checkbox"/> DELETE
NAME	DIAFERIO, FERDINAND J.	
STREET ADDRESS	11865 109TH CT N	
CITY - ST - ZIP	LARGO FL 33778	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PROZZO, BERNADETTE	
STREET ADDRESS	2701 34TH ST N, #316	
CITY - ST - ZIP	ST. PETERSBURG FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	GENTILE, JOSEPH
3.4 CITY - ST - ZIP	4111 24th AVE. NO. ST. PETERSBURG FL 33713

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIWECKI, ROSE I.	
STREET ADDRESS	7882 SAILBOAT KEY BLVD S, #508	
CITY - ST - ZIP	SOUTH PASADENA FL 33707	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	O	<input type="checkbox"/> DELETE
NAME	ZACCARO, MICHAEL	
STREET ADDRESS	5920 80TH ST NORTH, #105	
CITY - ST - ZIP	ST. PETERSBURG FL 33709	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	FS	<input type="checkbox"/> DELETE
NAME	SIWECKI, ROBERT J	
STREET ADDRESS	7882 SAILBOAT KEY BLVD S, #508	
CITY - ST - ZIP	SOUTH PASADENA FL 33707	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Bernadette Prozzo **BERNADETTE PROZZO** 1/25/97 321-9265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050816

CR2E037 (9/96)