

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90031 036 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745840

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

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/07/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1967966	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FORTINI, EDWIN D  
776 89TH AVE N  
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Edwin D Fortini*  
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTINI, EDWIN D	1.2 NAME	
STREET ADDRESS	776 89TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	PP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROZZO, BERNADETTE	2.2 NAME	
STREET ADDRESS	2701 34TH ST N, #316	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33713	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIWECKI, ROBERT J	3.2 NAME	
STREET ADDRESS	7882 SAILBOAT KEY BLVD, #508	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIWECKI, ROSE I.	4.2 NAME	
STREET ADDRESS	7882 SAILBOAT KEY BLVD S, #508	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	4.4 CITY-ST-ZIP	
TITLE	O	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCARO, MICHAEL	5.2 NAME	
STREET ADDRESS	5920 80TH ST NORTH, #105	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	5.4 CITY-ST-ZIP	
TITLE	FS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST GEORGE, MARGE	6.2 NAME	
STREET ADDRESS	7712 39TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)