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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754190** (7)

1. Corporation Name

**ORDER OF SONS OF ITALY IN AMERICA, INC., ORLANDO
SONS OF ITALY LODGE NO. 2463**

Principal Place of Business

Mailing Address

**PO BOX 180941
CASSELBERRY FL 32718-0941
US**

**PO BOX 180941
CASSELBERRY FL 32718-0941
US**

3. Date Incorporated or Qualified

09/16/1980

4. FEI Number

59-2624283

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CINANCIOTTA, ANTHONY L
2024 OAKVIEW CIRCLE
ST CLOUD FL 34769**

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** ☒ DELETE
NAME **CINANCIOTTA, ANTHONY L**
STREET ADDRESS **2024 OAKVIEW CIRCLE**
CITY-ST-ZIP **ST CLOUD FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ELEANOR, FEE**
STREET ADDRESS **2340 RIVERTREE CIRCLE**
CITY-ST-ZIP **SANFORD FL 32771**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PD**
2.3 STREET ADDRESS **ELEANOR FEE, ELEANOR**
2.4 CITY-ST-ZIP **2340 RIVERTREE CIRCLE**
SANFORD, FL 32771

TITLE **T** ☐ DELETE
NAME **FOCARINO, DANIEL**
STREET ADDRESS **500 COUNTRY CLUB DR**
CITY-ST-ZIP **LONGWOOD FL 32750**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **OD** ☐ DELETE
NAME **SANTIAGO, JAMES**
STREET ADDRESS **8625 VISTA SHORES CT**
CITY-ST-ZIP **ORLANDO FL 32819**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **MAZZONE, SANTA FEE L.**
STREET ADDRESS **3630 DAHILL CT.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TR** ☐ DELETE
NAME **BURCH, CARMELA**
STREET ADDRESS **5378 PALE HORSE DR**
CITY-ST-ZIP **ORLANDO FL 32818**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

3/24/98

(407) 934-6179

CR2E037 (10/97)