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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **754190**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
09/16/1980

4. FEI Number
59-2624293
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CINANCIOTTA, ANTHONY L
2024 OAKVIEW CIRCLE
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name: FEE, ELEANOR
82 Street Address (P.O. Box Number is Not Acceptable): 2340 RIVERTREE CIRCLE
83
84 City: Sanford FL 85 Zip Code: 32771

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: Eleanor Fee — Eleanor Fee President (PD) — February 22, 1999
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	1.1 TITLE	☐ Change ☐ Addition
NAME	FEE, ELEANOR		1.2 NAME	
STREET ADDRESS	2340 RIVERTREE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOCARINO,DANIEL		2.2 NAME	
STREET ADDRESS	500 COUNTRY CLUB DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		2. 4 CITY-ST-ZIP	
TITLE	OD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, JAMES		3.2 NAME	
STREET ADDRESS	8625 VISTA SHORES CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAZZONE,SANTA FEE L.		4. 2 NAME	
STREET ADDRESS	3630 DAHILL CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707		4.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BURCH,CARMELA		5.2 NAME	
STREET ADDRESS	5378 PALE HORSE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Eleanor Fee — SIGNATURE REQUIRED — PD — ELEANOR FEE — 2/22/99 — 1-407-330-5639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #