2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 09, 2005 08:00 AM **DOCUMENT # 754190** 1. Entity Name **Secretary of State** ORDER OF SONS OF ITALY IN AMERICA, INC., ORLANDO SONS OF ITALY LODGE NO. 2463 Principal Place of Business Mailing Address 148 OVEROAKS PLACE SANFORD FL 32271 148 OVEROAKS PLACE SANFORD FL 32271 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2624293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IMBRIANI, RALPH Street Address (P.O. Box Number is Not Acceptable) 6234 SPARLING HILLS ORLANDO FL 32808 Zip Code FL. 9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD MLE ☐ Delete Tritte Change Addition IMBRIANI, RALPH NAME NAME UDDUMA22425 6234 SPARLING HILLS STREET ADDRESS STREET ADDRESS 02/09/05-80074-012 61.25 ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-7IP IIILE Delete Change Addition FOCARINO, DANIEL маме 148 OVEROAKS PLACE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-7IP CITY-ST-7IP TITLE Delete Change Addition CARBONE, NATE NAME NAME 4121 DANOY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-7IP THEF ☐ Delete THE ☐ Change ☐ Addition MAZZONE, SANTA FEE L. NAME NAME 3630 DAHILL CT. STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY ST-ZIP CITY-ST-ZIP ☐ Delete THE [] Change ☐ Addition FOCARINO, DOLORES NAME 148 OVEROAKS PLACE SCREET ADDRESS STREET AGORESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIF TOTALE ☐ Delete HffE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

NIEL FOCARINO 1/27/05 409-688-6523

changed, or on an attachment with an address, with all other like empowered