

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90002 020 \*\*\*\*70.00

<b>DOCUMENT # 754190</b> 1. Entity Name <b>ORDER OF SONS OF ITALY IN AMERICA, INC., ORLANDO SONS OF ITALY LODGE NO. 2463</b>	
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Principal Place of Business <b>148 OVEROAKS PLACE SANFORD FL 32271 US</b>	Mailing Address <b>148 OVEROAKS PLACE SANFORD FL 32271 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2624293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>IMBRIANI, RALPH 6234 SPARLING HILLS ORLANDO FL 32808</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IMBRIANI, RALPH 6234 SPARLING HILLS ORLANDO FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN CIANCIOTTA PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 100 CYPRESS AVE ST CLOUD, FL. 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOCARINO, DANIEL 148 OVEROAKS PLACE SANFORD FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD CARBONE, NATE 4121 DANOY COURT WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAZZONE, SANTA FEE L. 3630 DAHILL CT. CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALMA MARCOLINI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1132 W. WINGFOOT CIR WINTER SPRING, FL. 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOCARINO, DOLORES 148 OVEROAKS PLACE SANFORD FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Focarino* DANIEL FOCARINO 6/13/06 407-688-6523